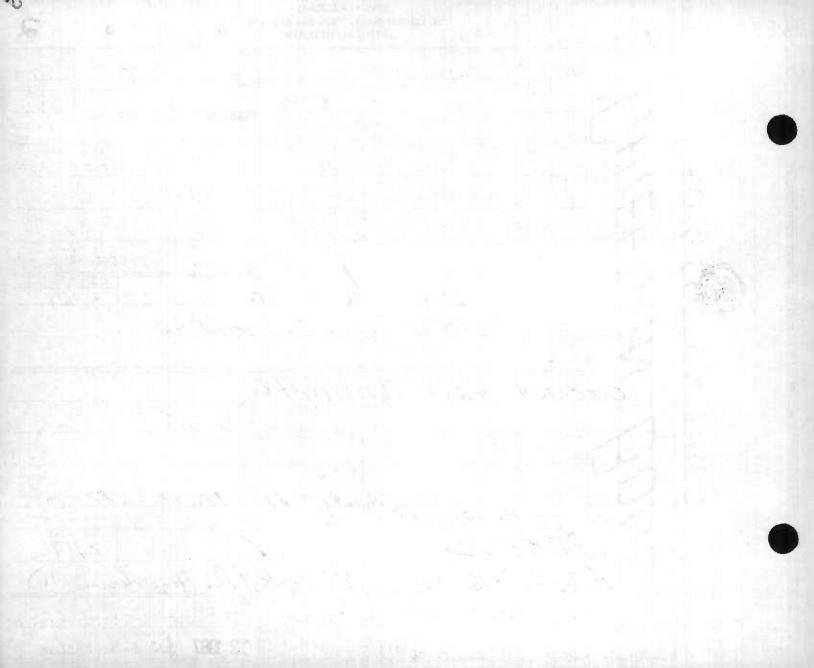
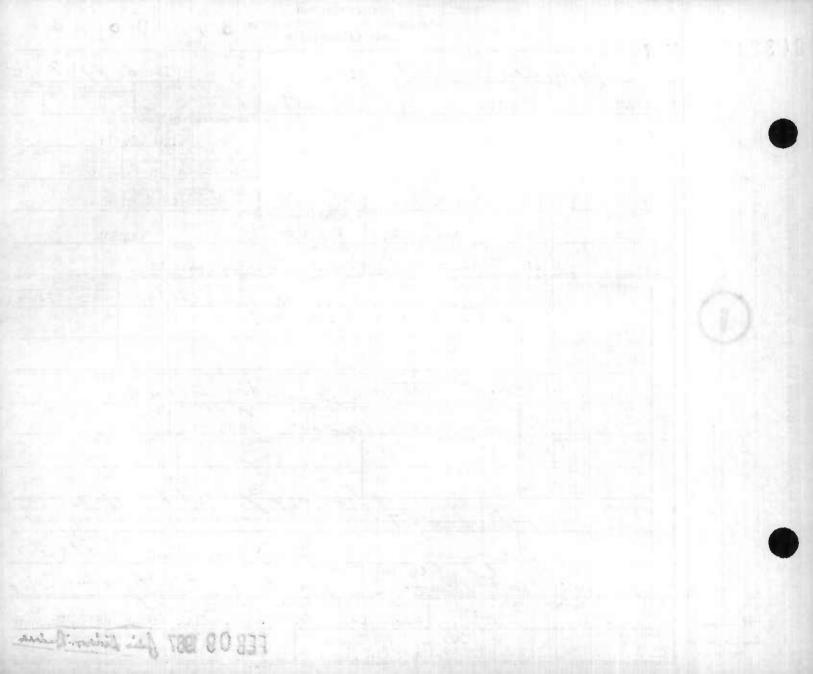
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DHMH - 16 AOA	17/84	24 F	UNERAL DIRECTOR			100	7							
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	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR After this certificate has been signed by the attenting and complete filling in by the attention should be detached for use as the buriol-transit permit. Then please remove a more transported for use as the buriol-transit permit. Then please remove and the properties of the attention of t	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR. After this certificate has been signed by the attend or produced for use of the build-transit permit. Then please remove a model or detached for use of the build-transit permit. Then please remove a model or produced for use of the build-transit permit. Then please remove a model or produced for use of the build-transit permit. Then please remove a model or produced for use of the build-transit permit. The please permit of the please permit or permit or produced for the please permit of the please permit or	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or otherding physician. TO FUNERAL DIRECTOR After this certificate has been signed by the other drawn and complete filling in this time roll director, page 3 should be detached for use as the busiol-transit permit. Then please remove complete filling in this time roll director, page 3 should be detached for use as the busiol-transit permit. Then please remove complete filling in this time roll director, page 3 with the State Dept of Health and Mental Hygiene prior to buriol, cremation, permit the State Dept of Health and Mental Hygiene prior to buriol, cremation, permit the state Dept of Health and Mental Hygiene prior to their troumer. MEDICAL CERTIFICATION	The continuent of the property	ATRY 3. SEX Female 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania 10. CITY OR TOWN OF DEATH Williams port USUAL RESIDENCE (16 NURSING HOME OR COUNTRY) Pennsylvania 10. CITY OR TOWN OF DEATH Williams port USUAL RESIDENCE (16 NURSING HOME OR COUNTRY) Pennsylvania 10. CITY OR TOWN OF DEATH Williams port USUAL RESIDENCE (16 NURSING HOME OR COUNTRY) Pennsylvania 10. CITY OR TOWN OF DEATH Wash Itherefore the priority of the plant of th	A RACE Female I. DECEASED NAME [I'VE OR PRINT] AIRY 3. SEX 4. RACE Female What is a service of the property of the prop	ATRY Adna 3. SEX Female White 76. BIRTHPLACE ISTAIL OR FOREIGN COUNTY Pennsylvania III. CITY OR TOWN OF DEATH Williamsport Homewood Reti III. SLALE RESIDENCE IF NURSING HOME OR OTHER STITLING HOMEWOOD Williamsport Homewood Reti III. SLALE RESIDENCE IF NURSING HOME OR OTHER STITLING HOMEWOOD Reti III. NAME OF HORPITAL, NUR HOMEWOOD Reti III. NAME OF HOSPITAL, NUR HOMEWOOD III. NAME OF HOSPITAL, NUR HOMEWOOD WINTH WILL NOR III. NAME OF HOSPITAL, NUR HOMEWOOD III. NAME OF HOSPITAL III. NAME O	DEPARTMENT OF A CERTIFICATION OF CERTIFI	DEPARTMENT OF HEALTH AND CERTIFICATE OF HEAL	TO NATE OF DEATH Conditions Conditions	DEPARTMENT OF HEATTH AND MENTAL NYCIENE SOLITION STATE STATE	PER STATE CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.	FOR DEPARTMENT OF HALTH AND MINTAL RYGINE REG. NO. ALTO DEATH SEC. N	DEPARTMENT OF HEALTH AND MENTAL BUSINESS AND M



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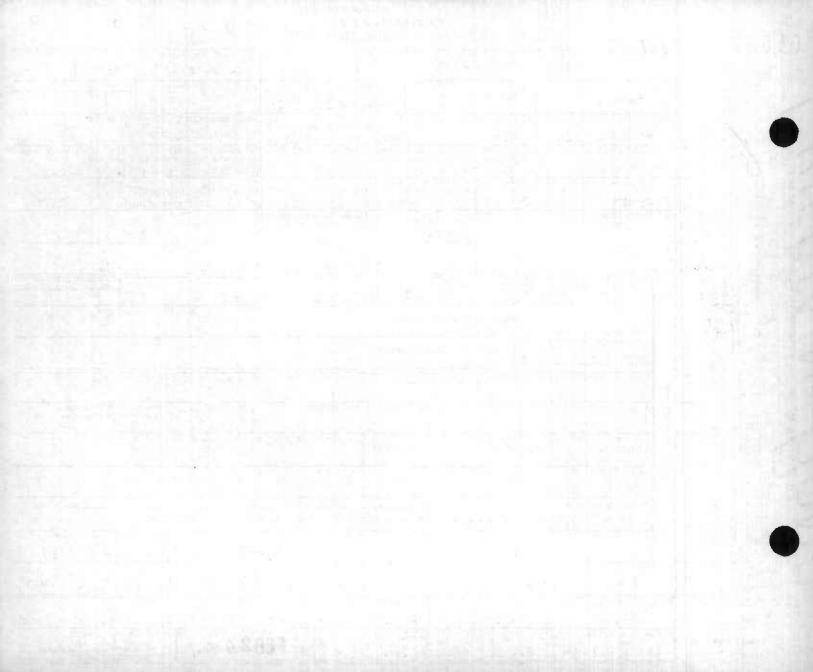
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od by the hospital or ATTEND of the hospital or UNERAL DIRECTOR. A disclosure he State Dept. of Heal	27a.1 certify that (I) (this his saw the deceased plive	d nat) viel the bady after death	10.	ion death occurred on the date and hour on STAFF MEDICAL STAFF DIRECTOR PHYSICIAN	that (I) (we) lost ad from the causes stated 170 DATE SIGNED 2/6/8
Bb————————————————————————————————————	230 BURIAL, CREMATION, REMOVE BURIAL		NAME OF CEMETERY OF CREMATOR	CITY OR LOWER	WESTMORELAND
DHMH - 16 60M 7/84 (VRA 15, 4)	GERALD N. MINNI	CH HAGERSTON	POTOMAC ST. 250 E	FEB 0 9 1987 Julia	CALCULATION CONTRACTOR



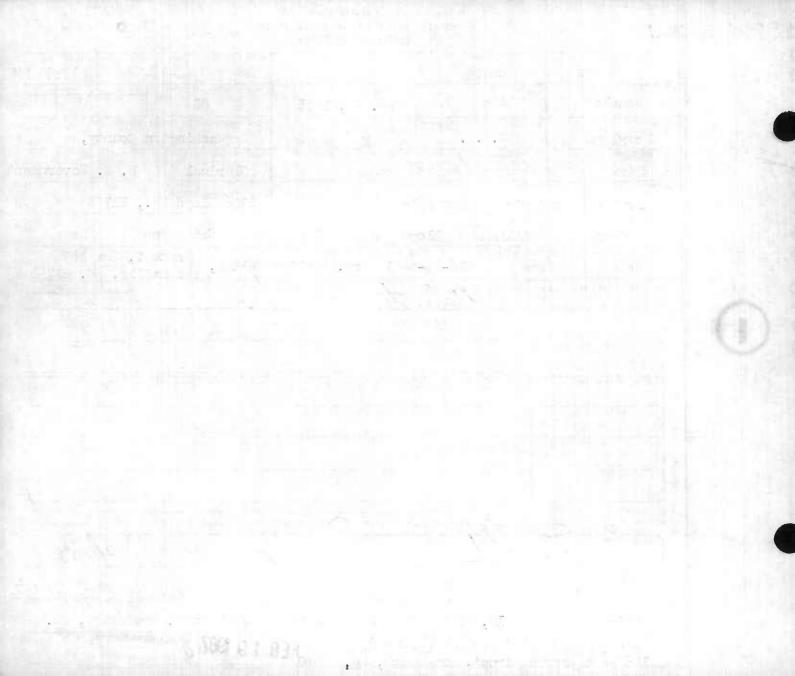
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ARY, PLEASE DIRECTOR. YOUR FILES. YOU STREET.	3 SEX		4 RACE	5 DATE OF BIRTH	YEAR	6. AGE (IN YEA	RS IF UND		IF UNDER		DATE	CED	HINOM	DAY	YEAR	2d HOUR
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PAGE PHED	10 CIT	Y OR TOWN	OF DEATH	11. NAME OF HO: (IF NOT IN SUCHE) Western	I. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Western Maryland Center Utility						Town	OF BUS	INESS			
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USE AFTER DEPARTH, WITH THE STATE DEPARTMENT OF BALLIMORE, MARYLAND, 21201 PRIOR TO BURIA	MEDICAL	UNDERLYING CONTRIBUTI 21d INJURY (WHILE AT WORK 22d I certi death result ACTUAL SIGNATURE	NG CAUSE OF COCCURRED NOT WHILE AT WORK If y that I took charged from: Notus	PEATH 700 A 21e PLACE STREET, FAC	A. MONTH OF INJURY TORY, FARM, ET Scribed obo Accident	M Su	Autopsycide	ATION BEEF V Homici FULE (SP	Inspection de	Undeter LAEDIC Oak	Inquiry mined mot	2	Alle and in my o	pinion	24/8	NO S
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DHMH - 17 (VR A15 ME (5))	Во	al Fun	eral Serv	rice Wes	ternpo	ort, Mo	1. 2	1562	FE	B24	1987		lia Des	a -	en en	

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ge 4 m ector profession	3 SE	female	154	4. RACE whit	е	Janu		YEAR	62	YRS	ONTHS DAYS	HOURS MIN.
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mplerel exomine	14. F/	ATHER'S NAME William	A	M.	Brewba	ker	15. MOTHER'S MAI	IDEN NAME	C.	Bea	LAST	ī
d col		VAS DECEASED EVER			166 SOCIAL SE	CURITY NO.	17. INFORMANT		ADDR			
Pogo	(YES, NO OR UNKNOWN)	(IF YES, GIVE	E WAR OR DATES)	220-1	6-1923	Herman (O. Bis	hop, Hage	rstown	Md.	
cate		IS CAUSE OF DEATH	H (Enter onl	y ane cause per	line far (a), (b),	and (cv.)				449		MATE INTERVAL
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CIAN: The physicion provided in the property of the provided in the provided i		21a. ACCIDENT WAS UND			F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRE	ENTER NATURE OF INJU			
10 6 0 4 0 4	CAL	(IF EITHER NOTIFY MEDIC	CALEXAMINER)	P.	M.	19						
G PHYS er this s the bu	MEDICAL	21d INJURY OCCURR	IILE 🗆	21a PLACE (AT HOME, STI	OF INJURY REET FACTORY, OFFIC	E, FARM ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
Africa or see of the s		22a I certify that (I)		al) attended th	e deceased from	1			, to		9	that (I) (we) last
Spitol CTOR for of H		saw the decease abave, (I) (we) (d	d alive on_) view the bady	after death.	, ar	id that in (my) (aur)	apınian de	oth accurred an the de	ate and have	and from the c	causes stated
OR A bolike ched bept f Herr		226. SIGNATURE	201				DEGREE				22c. DATE	SIGNED
74 750		<u> </u>	199-	-Pur			PHYS	ICIAN D	MEDICAL STA		2/19	9/87
O HOSPITAL erained by thi TO FUNERAL should be deta with the State MPORTANT: II		ABD4L	WE LIVE OR	PRINT)	40		1610 - 0,	AK H	V(AVE.	HAGER	STONN	. mg
F 6 F 2 3 ₹		BURIAL, CREMATION	REMOVAL	23b. DATE		c. NAME OF C	EMETERY OR CREM		23d LOCATION		COUNTY	STAIR
BP		burial		Feb.21			awn Mem.		Hagersto			
DHMH - 16 60M 7/84	1	JNERAL DIRECTOR			NERAL HO			25a DATE R	PEC'D. BY REGISTRAR			
(VRA 15, 4)	41	5 E. Wilso	n Blv	d., Hag	erstown	, Md. 2	1740	FED	4 198/	Julea Wi	endern. R	andala



145294 FEB	10- FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 7 0	6007
. ne	1 DECEASED NAME FIRST	MIDDLE	D a b a		DAY YEAR 26 HOUR
A 800	Eva	Hemp	Bobo	2-13-	741
4 4 9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Female	White	Feb. 26, 1898	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED WIDOWED DIVORCED	Washington	
10 90	Boonsboro	Reeders Memoria	al Home	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE CLETICAL	126 KIND OF BUSINESS OR INDUSTRY Governmen
THE PERSON NAMED IN COLUMN NAM	Maryland Fr	other institution, give residence before the size of the control o	YN 13d. INSIDE CITY LIMITS? YES NO A	13. STREET ADDRESS / ZIP CODE 2306 LLoyd Rd.	, 21758
11/00	14 FATHER'S NAME FIRST John	William III	oyd Alma	Catherine	LAS Hemp
MORE,	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166 SOCIAL SECTIONS 216-L16	JRITY NO. 17 INFORMANT	Talton, Knoxvi	2, Box 183
CORDS, 201 W. PRESTON S rem signed by the prestor of Then please emore corbs for to burnel, cremples, 22 by Injury, or other transferred.	Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION		V		EN IN PART I (0)
4 4 4 4 4	210. ACCIDENT WAS UNDERLYING			YES NOW YES	YING CAUSES OF DEATH? S NO
VISION OF VI	OR CONTRIBUTING CAUSE OF LETTER MOTIFY MEDICAL EXAMINED CAUSE OF LETTER MOTIFY MEDICAL EXAMINED COURRED NOT WHILE	DEATH HOUR A.M. MONTH D	AY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 P	COUNTY STATE
DIA HOSPITAL OR ATTEMBEN Insteed by the hesphol or or on the property of the hesphol or or sould be detected for use on the factor Dept. of Health DORTANT, if them 2) is resoluted.	220 I certify that (I) (this has	la alma	DEGREE ATTENDING PHYSICIAN [22e ADDRESS	death accurred on the date and have MEDICAL STAFF DIRECTOR PHYSICIAN	19, that (1) (we) lost and from the causes stated 120. DATI SIGNED 2/13/87
BP	230 BURIAL CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY Deformed Demotery	Jefferson, Fr	
DHMH - 16 60M 7/84 (VRA 15. 4)	24 FUNERAL DIRECTOR Swrith, Keens	Uhall Lie, Ha	neral Home FE	B 19 1987	Manage of the state of the stat



DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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NTH	DAY	YE AR	2b HC	UR

	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 /	060	0 8
	I DECEASED NAME (1YPE OR PRINT) Clares	nce Willia	**	IRGER	February 2,		1:25 A M
1	3 SEX	4 RACE	S. DATE O		6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS	IF UNDER 24 HRS
1	male	white	Mar	ch 12, 1921	65	YRS.	HOURS MIN.
0	To BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COU	NTRY? B	NEVER MARRIED	BALTIMORE CITY OR C Washingt	MD.	
-	10. CITY OR TOWN OF DEATH Hagerstown	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Washington	County Ho		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W mechanic		
18 C		NTY I3c. CITY O		134 INSIDE CITY LIMITS? YES NO 🔀	130 STREET ADDRESS / Z Route 9,	IP CODE	21740
-	14. FATHER'S NAME FIRST Frank Wil		rger	IS. MOTHER'S MAIDEN NA Elizabeth		Zinkai	nk
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIA	L SECURITY NO.	17. INFORMANT	ADDRESS		
	no	219	03 6633	Pauline D. H	Burger, Hager	stown, Md.	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) PATHY DUE TO, OR AS A CON (c)	ISEQUENCE OF	DUE TO VENTE RESULTING IN L FAILURE NOT RELATED TO THE TERM	ANOXIC ENCEP	HALO-	DAYS
7	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED		NOB. IF YES, WERE FINDING CAUSES	
-	OR CONTRIBUTION CALLET OF DE	ATH HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY H	NITEM TS PART I OR PART 2)	
	GREGATINESTING LAUSE OF DE CONTROL OF THE LAUSE OF T	210. PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	sow the deceased alive or above (I) (IMPA)	FEB. 1	from JAN • 19 87 . on	15 , 19 87 d that in (my) (₩₩ opinion	to FEB • 2		that (I) (MCe) lost causes stated
	220 PHYSICIAN'S NAME ITYPE	W DiHOW	= 15	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA		4,1987
	EDWARD W. DET	то, III, M.D.		HAGE	WEST WASHING RSTOWN, MARY		
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) burial	Feb.5,1987	Cedar L	emetery or crematory Lawn Mem. Park		m, Wash., N	
	344414	ICH FUNERAL HO vd., Hagersto	2222		e rec'd. By registrar 250 9 1987	REGISTRAR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If he

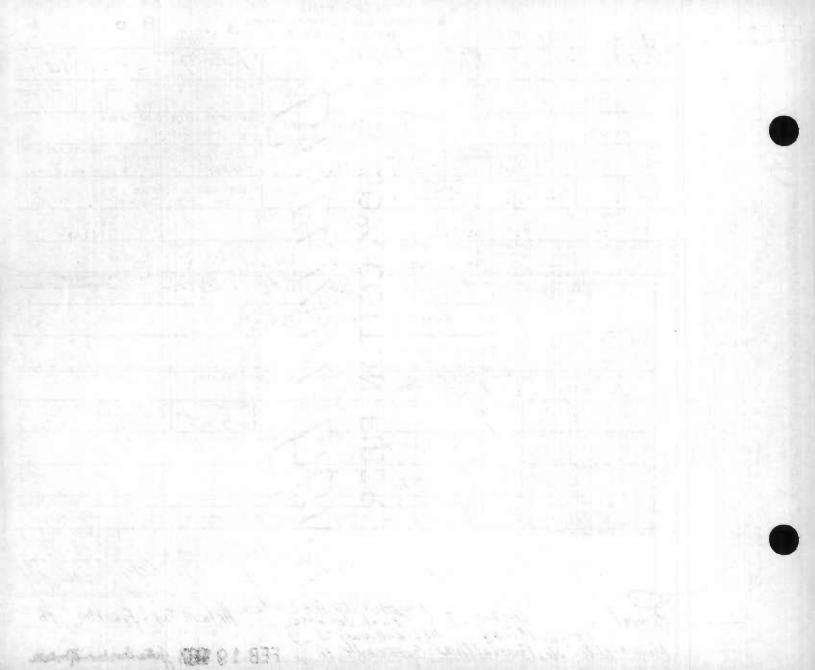
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21 JULY VANHULTON STREET

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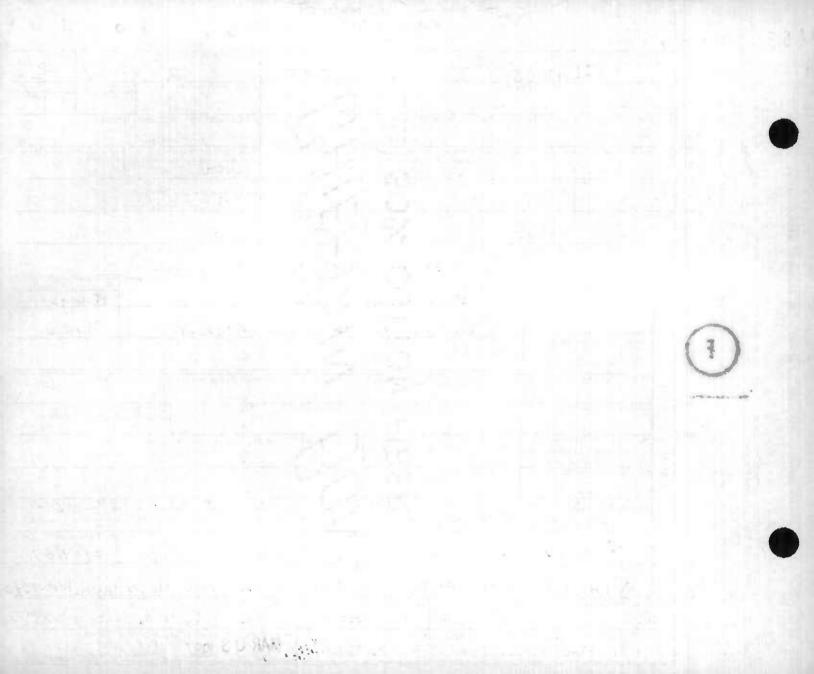
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0.1.5.0	1,	FOR		DEPARTI		OF MARYLAND ALTH AND MENTAL HY	GIENE Q 7	0	600	9
U45327 FF	DA	THE Charles W	. Burkett		CERTIFI	CATE OF DEATH	O /	, NO.		
1 24		CERSEDINAME TO	1	jus .	hor;	Datt	2. DITE OF DEAD	-		HOUR
2 22	1.5	EX	4. RACE	7775	5 DATE O		6. AGE (IN YEARS LAS	I BIRTHDAY)		NDER 24 HRS
4 94	L	Male	Wh:	ite	MONTH 9	29 1912	74	YRS.	MONTHS DAYS HOL	URS MIN.
A 4 32 3/2	70.	BIRTHPLACE (STATE OF FOREIGH		VHAT COUNTRY?	8.	XX NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
1 1 1 1	7	Penna.	USA		WIDOWE		1.4 1 1 1	on Co.		MD.
2 110	100	CITY OR TOWN OF DEATH		OSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OCCUP		12b. KIND OF BU	SINESS OR
25 13/11	99 100	S-10 S-25 S-G-10 (0.17)	Washin	gton Cour	nty Ho	spital	Farmer		Agricul	ture
2 11 17	7 13	LIAL RESIDENCE IN MUSING HOME STATE 13b CO	UNTY	13c. CITY OR TOW	'N	13d. INSIDE CITY LIMITS?	13e STREET ADDRE			1999
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1 10	N	FMST	websit	LAST	5. 19	15 MOTHER'S MAIDEN N FIRST	AME	E T	LAST	
3 1 10/6-	4	William		urkett		Anna		DRESS	Witme	
See of the control of	9"	WAS DECEASED EVER IN U.S.	GOT WAS OR DATES.	166 SOCIAL SECU	JRITY NO	17. INFORMANT			nook Rd.	
All a contract	2	No	-	199-03-1	816	Ruth I. Burl	kett	Toot 1 o		25
W I III		PART I DEATH WAS CAU	only one couse per l	1 10/10) (b) of	250	(A) ONE	V FOCIO	1/2/	BETWEEN ONSET	AND DEATH
15			IATE CAUSE (o)	AA		03/	,	/		
NO E STORY			DUE TO, OR	AS A CONSEQUE	ENGEDE/	Patie Mas	to me			
a deligation		Conditions, if any, which gave rise to immediate	(b)	12001	1/4	m. John				
A COPE !		cause (a), stoting the underlying couse last.	DUE TO, OR	AS A CONSEQUE	EMCE OF					
or o	1	0	0-	_						
DS. 2	NO	PART 2 CHER GIGHTICAN	CONDITIONS CO	Y SINCE	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION GIV	EN IN PART Ita	
8 1 1117	7 5	1% DATE OF OPERATION	IN CONDI	FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b IF YES	, WERE FINDINGS	USED
7 24 22 14	CERTIFICAL		1				YES NO		YING CAUSES OF D	DEATH?
E 52 172 17	7 8	21s. ACCIDENT WAS INFORMATING	A CONTRACTOR OF A CA			21c. HOW INJURY OCCU				
A STATE OF	1 3	ON CONTRIBUTING CAUSE OF			AY YEAR					
No see and a	AEDICAL	714 INJURY OCCURRED	ZIa. PLACE C	OF INJURY		211 LOCATION			COUNTY	STATE
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NO OF THE PERSON	13	22s-1 certify that (I) (this ha	spitali attended the	deceased from Z	12-10	19.70			19 that	(I) (we) last
THE STATE OF THE S		sow the decroyed plive above. (I) (we) strict (did	on 1-14-	19	, an	that in (my) (our) apinia	n death accurred on th	e date and have	and from the cause	es stated
4 5 H 2 5 H		17h SIGNATURE	Harry Harrisony	Other George		EGREE			220 DATE SIGN	VED.
0 4 4 4 4 4		1 Nous	M			ATTENDING PHYSICIAN	MEDICAL DIRECTOR PHY	STAFF	1-18.	87
NER SPIT		276 PHYSICIAN'S NAME IN	e officeres al	. 11	,	22e ADDRESS	N 12. 1	10012/1	1 12	1.1
O FON		- E/C:0	401013	onn		389 1	3 m C	NECK!	9 Herais	By
21 24134	734	GURIAL CHEMATION, REMOV	AL 236 DATE	734 3	MAME OF CE	METERY OR CREMINIORY	16 23d LOCATION			1
1998P99		Event a	2-17-1	987 14	Church	CEMETERY	THE ANTRIA		FRANKIN	th.
DHMH - 10/00M 2/84	74	FUNERAL DIRECTOR	utellay	112E	Baltin	7 1 7	ATE REC'D. BY REGISTE	AR 256 REGIST		III X I III O
(VRA 15, 4)	1	Immich-Miller Il	y FunERAL	Horse (2)	CEENCA.	He Pa. F	FR 10 100	7. 4500	Killy D.	200



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26 HOUR DECEASED NAME 2n DATE OF DEATH Irene YCANE 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS female white May 30, 1926 FE BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED USA Maryland DIVORCED [Washington WIDOWED A 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY housewife Hagerstown Washington County Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 13a. STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Washington 108 Marsh Circle Maryland Hagerstown 21740 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Junkins Joseph Elmer Minnicks Ada Gay 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 212 24 0612 Craig S. Burkett, Hagerstown, Md. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY & days Broncho promonia IMMEDIATE CAUSE (a)_ OR AS A CONSEQUENCE OF carcinoma of breast Dissemmated Canditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE now 220.1 certify that (1) (this haspital) attended the deceased from_ 1987 saw the deceased alive as and that in (my) (ear) apinian death accurred an the date and have and from the causes stated abave, (we) that did not view the bady after death 22h, SIGNATURE, DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT Richard E. Smith Mip. Oak Hill Ave. Haserstown Mol 21790 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE burial Hill Crest Burial Park Cumberland, Alleg., Maryland March 2,1987 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME DHMH - 16 60M 7/84 Wilson Blvd., Hagerstown, Md. 21740 (VRA 15. 4)

STATE OF MARYLAND



			STATE OF MARYLAND				
044550 ===	1 - STATE	DEPA	RTMENT OF HEALTH AND MENTAL HY	GIENEQ /	1601		
044453 FEB	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.			
	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	H DAY YEAR 26 HOUR		
4 74	(TYPE OR PRINT) Susan	Α.	Burkholder	2	8 1987 7:30 Am		
W 4.9	3 SEX	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN		
9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Female	White	7 11 1904		YRS.		
A 11 12/-	Le BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED				
UI HAD	Penna.	U.S.A.	WIDOWED DIVORCED	Washington			
di HAIA	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR		
6 100	Hagerstown	Route #8 Ha	gerstown, Md.	Housewife	Home		
1 1100	USUAL RESIDENCE (# NURSING HOME 13a STATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE BE UNITY 13c CITY OR T	FORE ADMISSION) OWN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS	2/74/2		
1 120	Md. Was	hington Hager	stown YES NO 🕅	Route #8, B	ox 159		
1 1011	14 FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST		
1 1 98 10	Joseph	C. Myer		Ε.	Shank		
# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (1F YES, O	SIVE WAR OR DATES!		ADDRESS			
W 1 12 1/	No	215-4	1-9614 David Burk	holder Route#8	B Hagerstown, Md.		
A 1	18 CAUSE OF DEATH (Enter	only one cause per line far (o), (b)	and c		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
7 7 7 7 1	PART I. DEATH WAS CAU	IATE CAUSE (o)	Mondia ans	1-			
Z S S S S S S S S S S S S S S S S S S S		DUE TO, OR AS A CONSE	OUENCE OF				
ts (NI	Conditions, if any, which	(10) arteri	scenstic Cord	ovascula Die	ear		
E 4 4 1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF		7 34 14 15 15 16 26		
3 1 30 1	underlying cause last	(c)					
5, 26	7	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(0)		
00 0 12 1	Tio			To average Ton	AP MEC. MATERS EN IDINACE MATERIAL		
9 1 1111	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?		
3 41 461 4	T .			YES NO	YES NO		
A 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF			RRED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)		
O 2 2 2 2 3 3 4 7	(IF EITHER, NOTIFY MEDICAL EXAMIN	ER) P.M.	19				
S E 1 1 1 2 1	21d INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	CE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE		
My Street of the Carles of the	AT WORK AT WORK						
DA SE		spital) attended the deceased fro		, to	, 19, that (1) (we) lost		
A STATE OF THE STA		nati view the bady after death		n death accurred an the date an	nd haur and fram the causes stated		
NA MAGA	226. SIGNATURE	.01.	DEGREE ATTENDING	_MEDICAL STAFF	22c. DATE SIGNED		
A A Second	7	Jul tud	PHYSICIAN	DIRECTOR PHYSICIAN	7/1/87		
HOSPIT HO	22d. PHYSICIAN'S NAME (TYP	E OR PRINT)	22e ADDRESS	u la ilu-	1. T. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		
0 0 0 0 M	MSDUC WA	HERD, MO	i	411 NE. HAGEN	CHOMA. MD.		
	230 BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE		
BP	Burial 24 FUNERAL DIRECTOR	2/12/1987	Cedar Hill Cemeter		canklin Pa.		
DHMH - 16 60M 1/75	. NAME .	ADDRESS			EGISTRAR'S SIGNATURE		
(VR A 15 (4))	H. Martin Zim	mesma Ja. 6	reencastle la	-0 -0 1001			

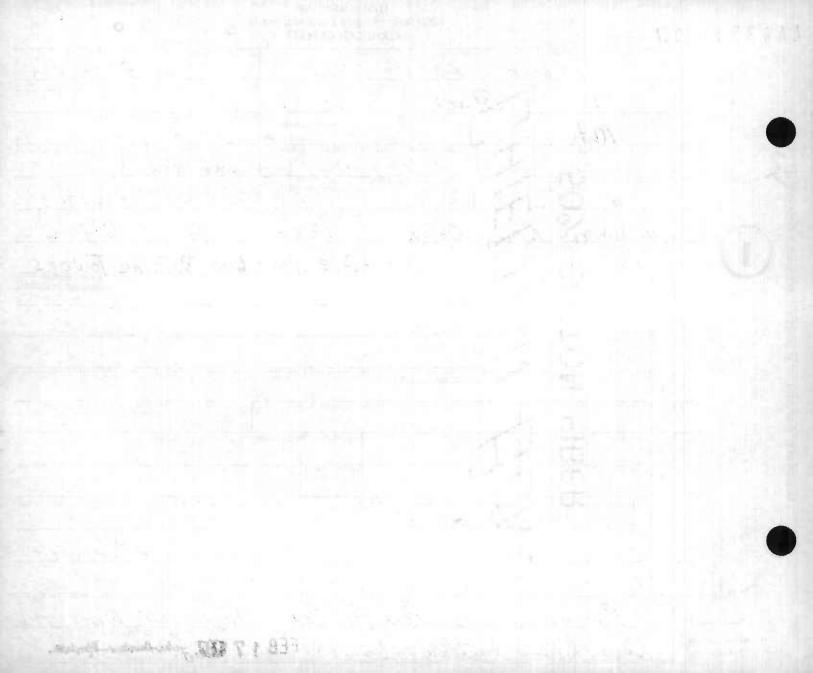
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14492/ FEB 2	3.8	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.		2
		CEASED NAME FIRST		MIDDLE	1	AST	20 DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
may be page 3	(ITPE	1/- 1	ma	L	Ca	rhaugh	33000	2	15 87	7am
a d	3 SE		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEAR	LAST BIRTHDAY)	IF UNDER 1 YEAR	
ctor, s off		F	WHITE		S. DATE C	7 7 19 07	79	V	MONTHS DAYS	HOURS MIN.
Adire do	le Bi	RTHPLACE (STATE OR FOREIGN	_	WHAT COUNTR	Y? 8		9 BALTIMORE	CITY OR COU	NTY OF DEATH	
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- H - H - H - H - H - H - H - H - H - H	1	AGERSTOWN	GIF NOT IN SL	CH FACILITY, GIVE STR	EET ADDRESS)		THE OF WORK FO	R MOST OF WORKIN	POTOMAC	Fnico
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	1	JACOB VI	CTOR	MARTIN		NELLIE			BLY	
MORE, n and co		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SE		17 INFORMANT		ADDRESS		
De e e e e e e e e e e e e e e e e e e		0		214-10-	4624 A	HAROLD F. C.	ARBAUGH	SAME AS	13	
ficate by papers. papers. naval. ent, the		18 CAUSE OF DEATH (Enter of	inly ane cause pe	er line for (a), (b),	and (c).1	n			BETWEEN	ONSET AND DEATH
T da da e v		PART I. DEATH WAS CAUS	ED BY. ATE CAUSE (a)	(ARD	ine 1	fan UST				
or rer		•		OR AS A CONSEC	-	1				
PRESTON he death ce move carb mation, ar r traumatic		Canditions, if any, which	(th)		71024	TE /MBACI	ance			
PRE o he o emo mat		gave rise to immediate cause (a), stating the	0,0							
W. hot t	14.5	underlying cause last	100000,0	OR AS A CONSEC	DUENCE OF					
201 es th plea urral,		PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING T	O DEATH BUZ	THOT RELATED TO THE TE	RAINAL DISEASE C	R CONDITION	GIVEN IN PART 1	10
durr sign to b	Z	KISPINU	+ TThY	In ulu	15	XENA FIA	1cuhl-		011211111111111111111111111111111111111	
Son of the second of the secon	ATE	190 DATE OF OPERATION	19b. CONI	DITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPS	Y? 20b. IF	YES, WERE FIND	INGS USED
L RE lo nn. hos per	F						YES ON	O IN CE	RTIFYING CAUSE	S OF DEATH?
DIVISION OF VITAL RECORDS, ING PHYSICIAN. The low requir coffending physician. Wer this certificate has been signs the burlol-transit permit. Then to and Mental Hygiene prior to be orked or them 18 shows pay injun orked or them 18 shows pay injun	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		OF INJURY		216 HOW INJURY OCC			-	140
Physical Phy		OR CONTRIBUTING CAUSE OF DE	AIII	A.M. MONTH						
ON OF	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		OF INJURY	19	211 LOCATION				
VISIG G PH of the cer the s the land	A A	WHILE NOT WHILE		TREET, FACTORY, OFFIC	E, FARM, ETC }	STREET	c	ITY OR TOWN	COUNTY	STATE
DINO Dr. o Dr. o D		22a. I certify that (I) (this hasp	- A-1) - A	t- d 1 f -	17	50 5	6	111	(1	
DOR. OR. THe		saw/the deceased alive o	n direction	10	1	nd that in (my) (aur) apinio	n death occurred a	n the date and	how and from the	that (1) (we) last
ATT ATT OSPIN		27h SXIN ACTUAL	of riev the bad	y after death	0 /	DEGREE	ocan occurred a	in the date did		_
H He h		11/11/17	11	-/		ATTENDING	MEDICAL _	STAFF	THE DATE	FIGNED /CS
HOSPITAL med by the FUNERAL uld be detected to the State ORTANT. It		22d PHISICIAN'S NAME STYPE				PHYSICIAN 22e ADDRESS	PIRECTOR [PHYSICIAN [2	16/8/
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7 2 7 3 7 3		URIAL, CREMATION, REMOVA				EMETERY OR CREMATOR	23d LOCATIO		. COUNTY	STATE
BP		BURIAL	2-18-	8/	ROSE H	ILL CEMETERY	HAGER	STOWN	WASH. M	D.
DHMH - 16 60M 7/84	24 FI	INERAL DIRECTOR	3	05 N P.O	TOMAC S	STREET 250 D	ATE REC'D. BY REG	STRAR 256. REC		
(VRA 15, 4)		ERALD N. MINNI	CH H	AGERSTOW	N. MAR	YLAND F	FB 2 0 198	7 "	. Mingray.	Be day

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR Elfreda [TYPE OR PRINT] Amna Charlton February 8, 1987 9:00P 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 3. SEX 4 RACE MONTH DAY VEAR Female White 25, 1925 62 Jan. Je. BIRTHPLACE ISTATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA WASHINGTON WIDOWED DIVORCED X 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Hagerstown, Md. Coffman Home for the Aging, Inc. Assembler Manufacturing USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 113d. INSIDE CITY LIMITS? Maryland Washington 104 Hagerstown Roessner Ave. 21740 NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE Charles Huff, Sr. Blanche Della Eakle ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Rt. 2 Box#399 IYES, NO OR UNKNOWN! 215-20-7973 no Falling Waters, WV Judy Lemaster 25419 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far. 19), (b), and ici. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To CERTIFICATION 19W CONDITION FOR WHICH OPPRATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO [] NOT YES [rial-transit 21m. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY DIVISION OF VIT HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 Me 21e PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from. saw the deceased alive an. and that in (my) (com) opinion death accurred on the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL old be deta PHYSICIAN A DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23d LOCATION 23c NAME OF CEMETERY OR CREM ORY 23a. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) Burial TY OR TOWN Feb. 11, 1987 Greenlawn Memorial Park Williamsport Washington Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 Major M.Osborne P.O.Bx# 348 Williamsport, MD 21795 (VRA 15, 4)

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				STATE OF MAKTLANL)			
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1 1 0 0 1 1 1 0	10	REGISTRAR			, in the second	REG. NO.		
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noy be	-			C/19/2/2	1.465			
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Pog dire	7.	BIRTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF WHAT COUN	TPY? 8	19 BALTIMORE	CITY OR, COUNTY O	EDEATH	
7. P.	2	COUNTRY)	The Children of the Account	MARRIED (, NEVER MAR	RRIED 1	7	,	
00 Je	2	11 bas	1134	WIDOWED DIVOR	RCED A	Shinit	200	MD
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od de de			COUNTY 13c. SITY OR		LIMITS? 130.STREET ADD	DRESS / ZIP CODE		
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21740 Boyer ADDRESS Anna B. Crampton, Hagerstown, Md. APPROXIMATE INTERVA PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY CITY OR TOWN STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated MINTESICIAN DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Sharpsburg, Wash., Maryland burial Feb. 14, 1987 Mt. View Cemetery 250 DATE REC'D BY REGISTRAR 250 REGISTRAR SISTEMATURE 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME he Lunden ? 415 E. Wilson Blvd., Hagerstown, Md. 21740

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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126 KIND OF BUSINESS OR

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20 DATE OF DEATH

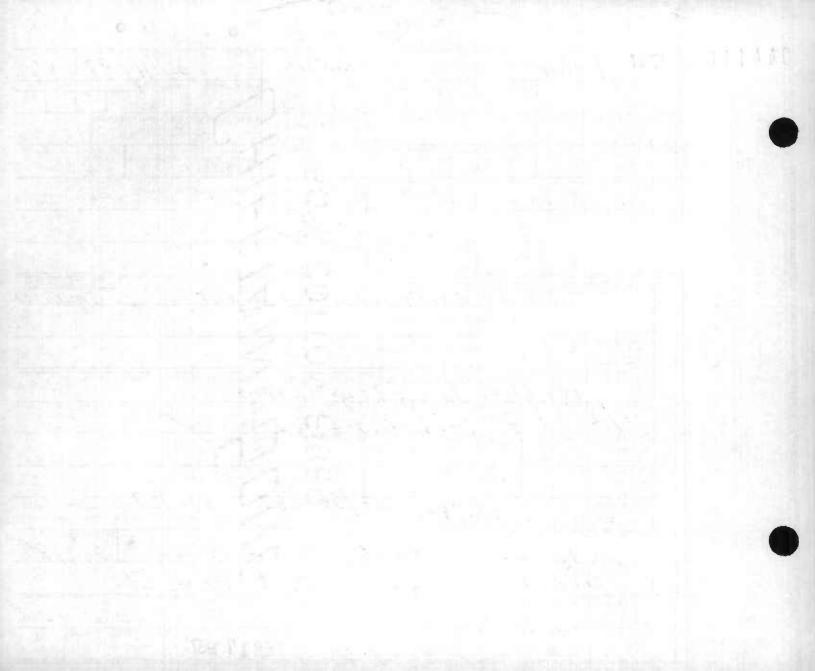
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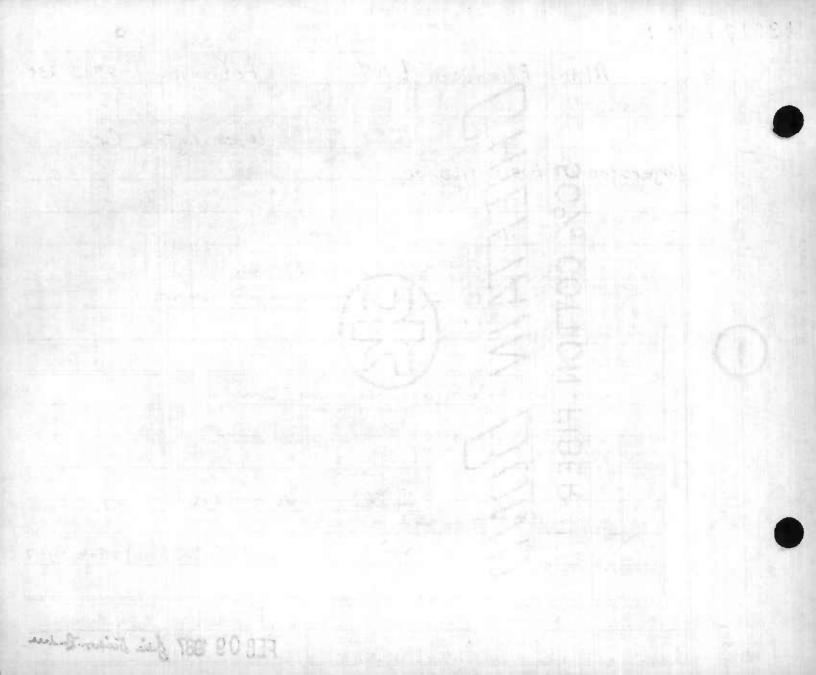
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STATE OF MARYLAND
PARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 0 6 0

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	reet ///												
4 FATHER'S NAME FIRST Donivan C. Smith Martha E.	LAST												
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sow the decreased drive on one that in (my) (our) opinion death occurred on the date and from the causes stated obove, (h) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c, DATE SIGNED													
MALICA DI TO DELLA CONTRACTOR MALICAL STAFF . 2 1 23													
PHYSICIAN DIRECTOR D													
Harved R TRITCH JK MD / HABURSTOWN, Mdi													
236 BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN	COBITY STATE												
Burial February8, 1987 Boonsboro Cemetery Boonsboro	Washington Marylan												
24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 RE	STRAR'S SIGNATURE - Randows												
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	220 certify that (1) (this his saw the deceased alive above, (1) (we) (did) (did) 22b SIGNATURE	on 02 - 5	19_6		d that in (my) (aur) apinian DEGREE	MEDICAL STAI	F			
	22d PHYSICIAN'S NAME (I	PE ORPRINT) HOWE	· mo		PHYSICIAN [27e ADDRESS OWEY	DIRECTOR PHYSIC				
	urial, cremation, remov	AL 236. DATE			EMETERY OR PRYKORY AWN Memorial	23d LOCATION CITY OR TOWN Rockvill		COUNTY	STATE	

DHMH - 16 50M 1/81 (VRA 15, 4)

Davis Funeral Home, Smithsburg, Md., 21783

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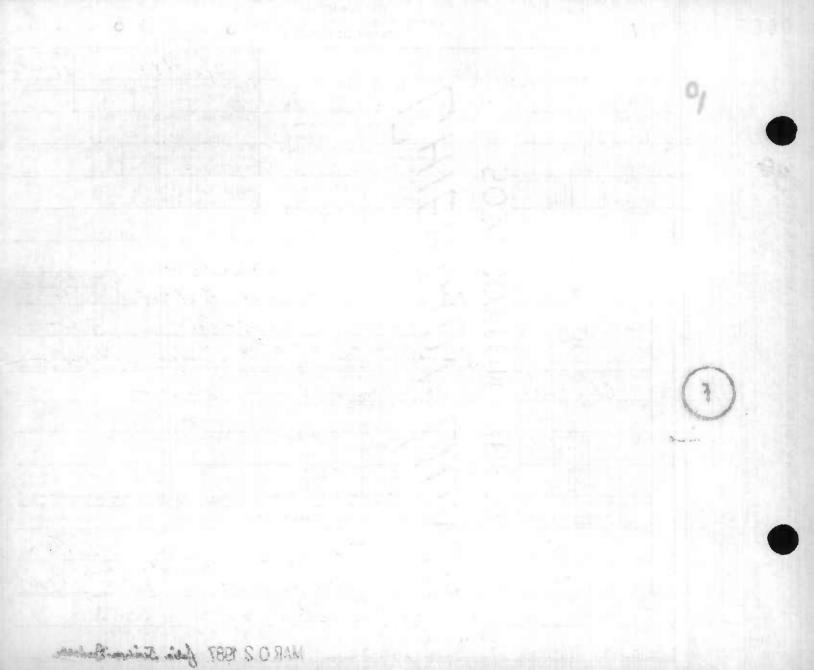
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16	NE SECSSARY, PLEASE TO NE FUNERAL DIRECTOR. N PAGE 5 FOR YOUR FILE. DE FILED, WITHIN 72 HOURS. DS 201 W. PRESTON STREET.		TY OR TOWN			11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE)										VORK 12	OR IT	OF BUS	SINESS	
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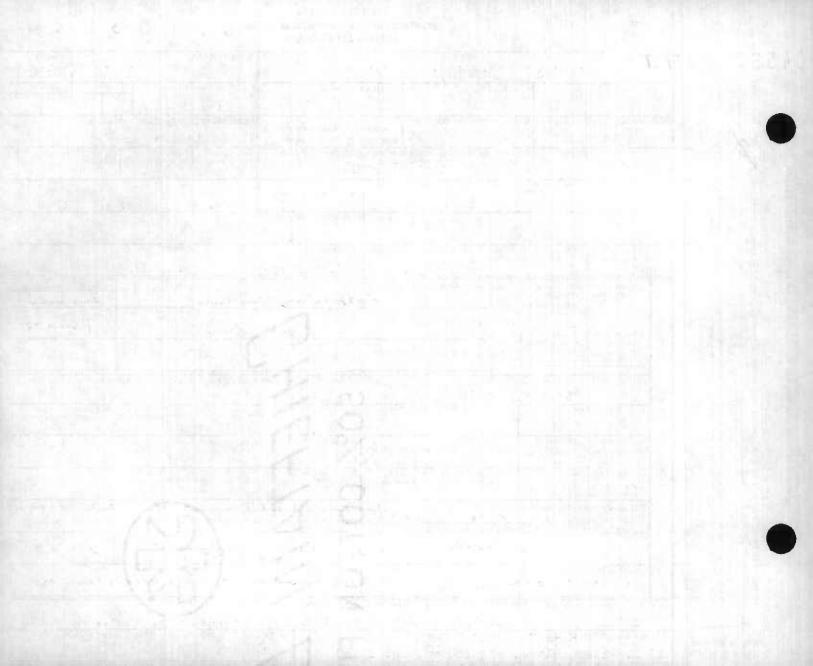
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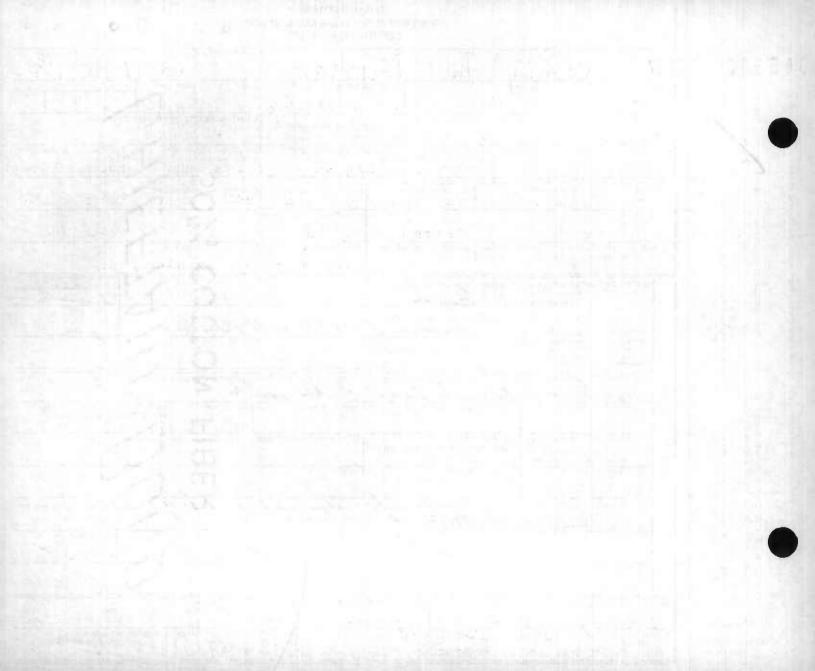
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 👷 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 2b. HOUR I: DECEASED NAME 1987 Louise 18 10:30 Jennings Friese IF UNDER I YEAR 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) 3 SEX July 29, 1915 71 white female. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED West Virginia Washington USA WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR IB CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE Reeders Memorial Home Boonsboro none 13e STREET ADDRESS 136. COUNTY 13c CITY OR TOWN 136. INSIDE CITY LIMITS? 21740 YES X 12 W. Walnut St. Washington Hagerstown NO T Maryland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Belle Small Ring E. Arvin Harry An WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 213 40 3025 Edgar Arvin, Hagerstown, Md. 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIO COPO 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO F 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE I AT HOME STREET, FACTORY, OFFICE, FARM, ETC I WHILE NOT WHILE 2.18 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on 2 . (8 obove, (1) (we) (did) (did not) view the body after death. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DEGREE M-TZXIL 2,19,87 MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22s. ADDRESS 224. PHYSICIAN'S NAME (TYPE OR PRINT) 115 W. WASHINGTON ST. MAGERSTOWN MD VASANT DATTA, MO 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL Hagerstown, Wash., Maryland Feb. 21, 1987 Rest Haven Cemetery buria1 BP. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME DHMH - 16 50M 4/82

415 E. Wilson Blvd., Hagerstown, Md. 21740

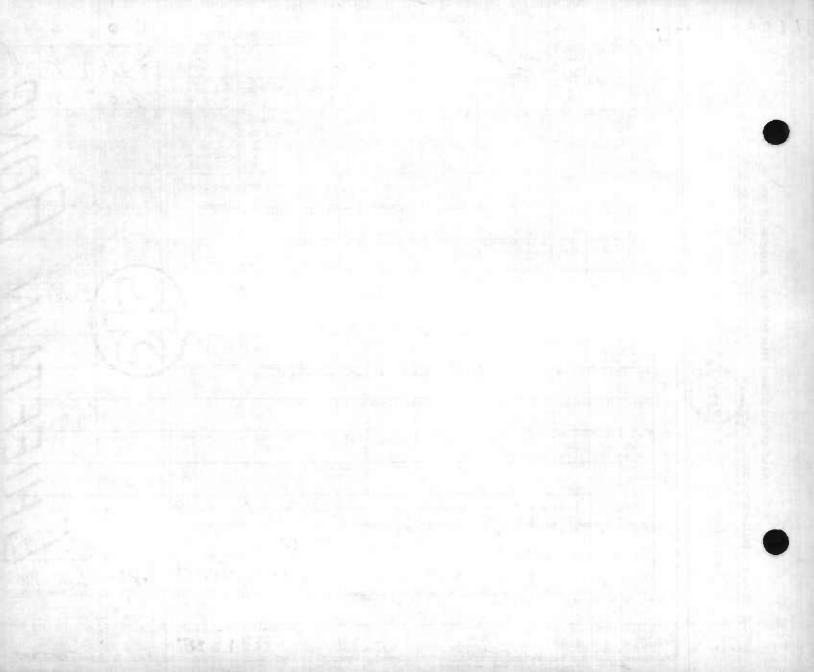
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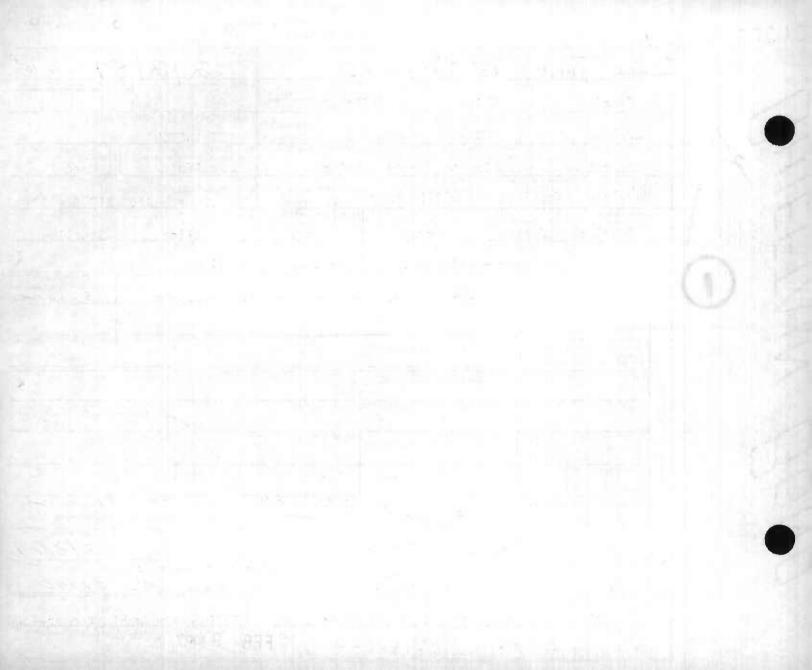
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20. DATE OF DEATH Henry MONTH 26 HOUR 98 an 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX S DATE OF BIRTH MONTH male white October 23, 1909 7b. CITIZEN OF WHAT COUNTRY? O. BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY Washington Michigan USA WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 12g USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hagerstown Washington County Hospital parts dept. automobile mfg. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Hagerstown 2804 Youngstown Court 21740 Washington NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Leda Teggerdine Charles Frusher 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** LYES NO OR LINKNOWN) HEYES GIVE WAR OR DATEST Warren Frusher, Hagerstown, Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c).) PART I. DEATH WAS CAUSED BY Menia IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF state with melaston CALINOWA Conditions, if ony, which gave rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110: IFICATI 20a AUTOPSY? 19ª DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOF NO [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from sow the deceased plive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (wettered) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING, MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANI 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION CITY OF TOWN Feb. 21, 1987 Oxbow Lakeside Cem. Oakland, Michigan burial 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 a Dandon Lane 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-Francis DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED May 10, 1917 69 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF TO BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY) Washington Maryland USA WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Hagerstown Washington County Hospital self-employed tavern USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b COUNTY 13c. CITY OR TOWN 13d: INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Washington 325 Daycotah Ave. Hagerstown YESK NO [21740 14 FATHER'S NAME FORM PM 3 FORM PM 3 FS 1 AMB 2 ON OF VITAL IS MOTHER'S MAIDEN NAME MIDDLE Gallo, Sr. Santo Rosa 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 217 12 1243 Mrs. Mary W. Gallo, Hagerstown, Md. W.W.II yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Archar Sydden IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE O Canditians, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY EATHOME. 214 INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY 220. I certify that I taak charge of the remains described above, held an Autapsy Homicide PAGE 4 SHOULD B TO FUNERAL DIREC AFTER DEATH, WITH BALLTIMORE, MARY ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Feb.12,1987 Rose Hill Cemetery burial Hagerstown, Wash., Maryland 07/84 25M 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VR A15 ME (5))



43663 FEB 1	1 - STATE		DEPARTM		CATE OF DEATH	REG. N	ο. Ο	, ,	
noy be page 3	1. DECEASED NAME	ANC ELIZ	ABETH	SAR	No.	20 DATE OF DEATH	2/8	7 YEAR 2	11:10 M
ge 4 moy ector. po	3 SEX / Female	4 RACE Whi	te	S. DATE O	FBIRTH ember 11 velg20 XXXXXXXXXXXXXXXX	6. AGE (IN YEARS LAST BIR	YRS.		FUNDER 24 HRS HOURS MIN.
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	10 CITY OR TOWN OF DEA			HOMEO	R OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126 KIND OF E	
urs ofte	Hagers tow	n Washin	gton Coun	ty Ho	spital	Housewife	OF WORKING LIFE)	Home	
ficate be executed within 24 kgurs ficate be executed within 24 kgurs ficate be executed within 24 kgurs final campletely filled in bigoper Proces Land 2 should be fill fill fill filled or a should be fill fill fill fill	Mary land	Washington	William:	sport	YES X NO	30 E.Churc		21795	
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X of model	Charles 160 WAS DECEASED EVER	Jessop	Murray 1166. SOCIAL SECUR	UTV NIO	Sarah 17 INFORMANT	Matilo		Sterl	ing
IMORE	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	216-03-1		David R.Goss				
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he low roon. he low roon. has been prior ene prior over any	190 DATE OF OPERA	TION 196 COND	ITION FOR WHICH (OPERATION	N WAS PERFORMED	200 AUTOPSY?		VERE FINDING NG CAUSES O	
ING PHYSICIAN: The low requires the cottending physicion. Viter this certificate has been signed to as the burnout-transit permit. Then pleo the and Mentol Hygiews any injury, or exeed or term 18 stows any injury, or considerate the signers.	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CALEXAMINER) HOUR A	.M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	1 OR PART 2)	
DIVISION DING PHY or offer this e as the bu oith and A morked ar	21d. INJURY OCCUR	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC }	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
TTENDIA potal or TOR. A for use of for use of diffeoits and To see of the other	saw the decease	(this hospital) oftended the dalive on	12 198	7 , an	d that in (my) Lown) opinion of	, to	ate and hour a		ot (I) (we) lost uses stated
TAL OR A Ny the hos RAL DIREC detoched tote Dept. NT: If them	22b. SIGNATURE	P. Man	dy 74	1.8		MEDICAL STA DIRECTOR PHYSE	CIAN	221. DATE SH	3/87
O HOSPITAL erained by the TO FUNERAL should be det imposed in the Store impostant.	JOHN	R. MA.	es4, M	, D.	HADE	N. POTOMI RETOWN,		219	40
	23a BURIAL, CREMATION, (SPECIFY)				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	c	OUNTY	STATE
	Burial 24 FUNERAL DIRECTOR	Feb.5	,1987 Gr	eenla	wn Mem. Park	Williams per REC'D. BY 1987	ortWash 256 REGISTRA	ington!	lary land
DHMH - 16 60M 7/B4 (VRA 15, 4)	Major M. Ost	orne Willi	amsport, M	D 21	795 Ft	R 9 1981	0		



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DHMH - 16 50M 4/83 (VRA 15, 4)

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	11	REDISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
ne la		CEASED NAME E OR PRINT)	Walte:		James	G	RAYBILL	2e. DATE OF DEATH		3, 1987	26. HOUR
	3. SE	x male		4. RACE	hite	5. DATE C	ly 2, 1911	6 AGE IN YEARS LAST		W UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
3	(RTHPLACE (STATE COUNTRY) Virginia			S.A	WIDOW		9 BALTIMORE CITY Wash	or COUNTY		MD
9		Smithsbur		11. NAME OF (IF NOT IN SUC	HOSPITAL, NU CH FACILITY, GIVE S	RSING HOME (OR OTHER INSTITUTION	IZE USUAL OCCUPA		12b. KIND O INDUSTRY Orc	hard
5		AL RESIDENCE IF NE STATE Md.	13b COUN		Smiths		13d INSIDE CITY LIMITS?		s / ZIP CODE		83
1	14 FA	James		MIDDLE	Graybi		IS MOTHER'S MAIDEN N. Liza	MIDDLE		Ora	nge
1		WAS DECEASED EVE YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIALS	-4736	Mr. Robert		l Hag	erstown	, Md.
	CERTIFICATION	Conditions, if or gove rise to it couse (a), sto underlying cou	mmediate ting the ise last. GNIFICANT C	DUE TO, O		OUENCE OF	NOT RELATED TO THE TER/	MINAL DISEASE OR CO	120b. IF YES	S. WERE FINDIN	NGS USED
7	RTIFIC							APPROXIMATE INTERVAL BETWEEN CHIST AND DEATH G			
	MEDICAL CE	22a I certify that	CAUSE OF DEA	HOUR A P. 21e. PLACE JAT HOME, ST	M. MONTH M. OF INJURY REET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET 195 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	to	dote and hou	19 S. T., pur and from the	
		BURIAL, CREMATION (SPECIFY) BURIAL	es F.	Hess Th Date	u _		Sinctus EMETERY OF CREMATORY Cometery	23 TOCATION RINGSON			STATE
	24 FU	UNERAL DIRECTOR DAVIS Fu	OM	Feb.7	1987 Smiths	burg, M	id.	TE REC'D, BY REGISTRA	AR 256 REGIST	TRAR'S SIGNAT	URE Pandage

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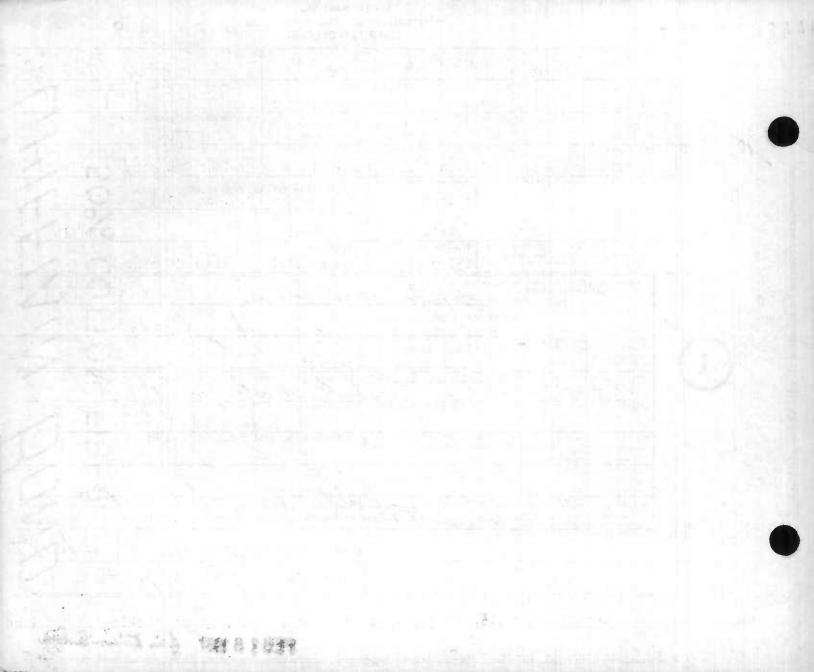
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Williamsport, MD 21795

Major M. Osborne

(VRA 15, 4)



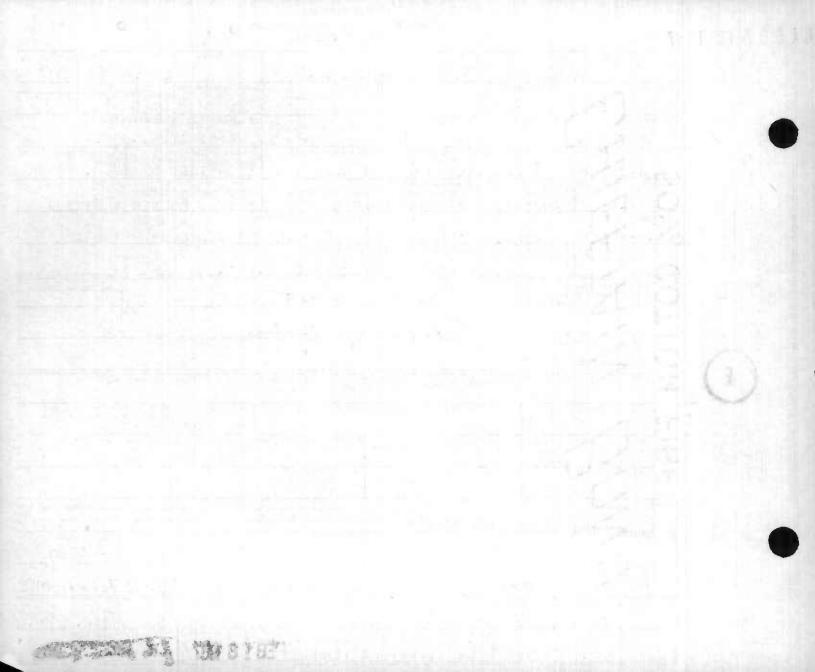
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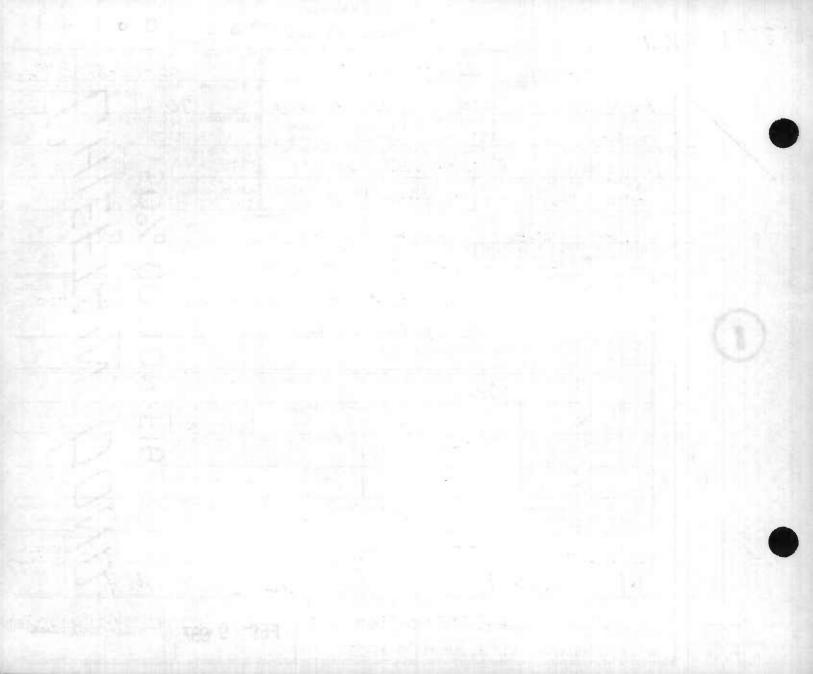
DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR (VRA 15, 4)

N. POTOMAC STREE MINNICH HAGERSTOWN, MARYLAND



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AND 212	13a S	aryland	B. COUNTY	ngton	13c CITY OR T	OWN	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	136 STREET ADDRESS / 67 Manor I		t. A3	21740
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO JAMES I: DECEASED NAME 2a DATE OF DEATH YPE OR PRINT! 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 11°1881 105 Female White Mav To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Md. U.S.A. WIDOWED X DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Williamsport Homewood Retirement Center Cleaning Lady | Clothing Co USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130.STANEL ADDRESA MOROURT, MD. 21795 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? Maryland Washington, Williamsport 2750 Virginia Ave. Rt#11. NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME William Benton Mary Jubb 166 SOCIAL SECURITY NO. 17 INFORMANT 212-09-096 Charles James, 1612 Lochwood Rd, 21218 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF adiollesuke discus Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF BEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 270 1 certify the (1) (this hospital) attended the deceased from and that in (my (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNE PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Burial Oaklawn Cemetery 2/10/87 VBaltimore. 250 DATE REC'D. BY REGISTRAR 250 DEGISTRAR'S SIGNATURAL CONTROLL OF THE PROPERTY OF THE PROPER 24 FUNERAL DIRECTOR 3331 Brehms Lane DHMH - 16 60M 7/84 (VRA 15, 4) SCHIMUNEK FUNERAL HOME Baltimore Md.

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20 DATE OF DEATH MONTH 26 HOUR DECEASED NAME Louise TTYPE OR PRINTS AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER JAHRS 3 SEX 4 RACE BALTIMORE CITY OR COUNTY OF DEATH 78" BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Maryland USA WIDOWED DIVORCED Washington 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION B CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY Hagerstown Western Maryland Center never employed JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
1136 COUNTY
130 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Washington Hagerstown YES K 185 Summit Avenue NO 21740 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Bruno Jensen Alice Marker 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LYES NO OF UNKNOWN LIF YES, GIVE WAR OR DATES! 220 74 5732 Bruno C. Jensen, Hagerstown, Md. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b) PART I. DEATH WAS CAUSED BY: EUMONIA IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 90 DATE OF OPERATION 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES NO [CERTI 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21a ACCIDENT WAS UNDERLYING 716. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT HOME STREET, FACTORY OFFICE, FARM ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a I certify that (X (this haspital) extended the deceased from Telnuary 9 sow the deceased alive on TRAMMY 9 obove. (1) XX (did) (XXXXI) view the bady after death , and that in (my) to opinion death accurred on the date and hour and from the causes stated 22b SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL · 10. DIRECTOR PHYSICIAN be St 224 PHYSICIAN'S NAME LIVEOUR PRINTS 22e ADDRESS OR CIUNCULa 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY buria1 Feb. 13, 1987 Rest Haven Cemetery Hagerstown, Wash., Maryland

MINNICH FUNERAL HOME

Wilson Blvd., Hagerstown, Md. 21740

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REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

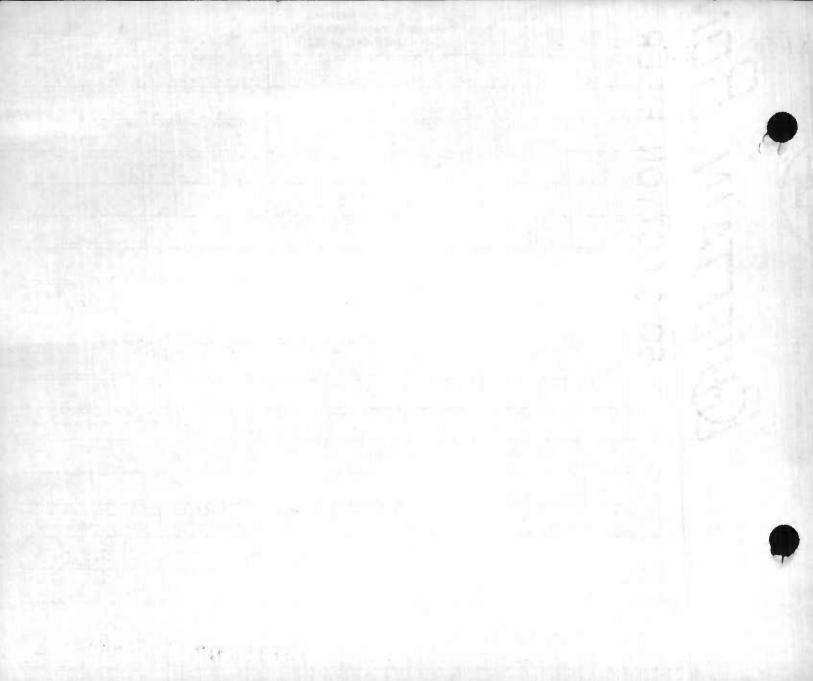
(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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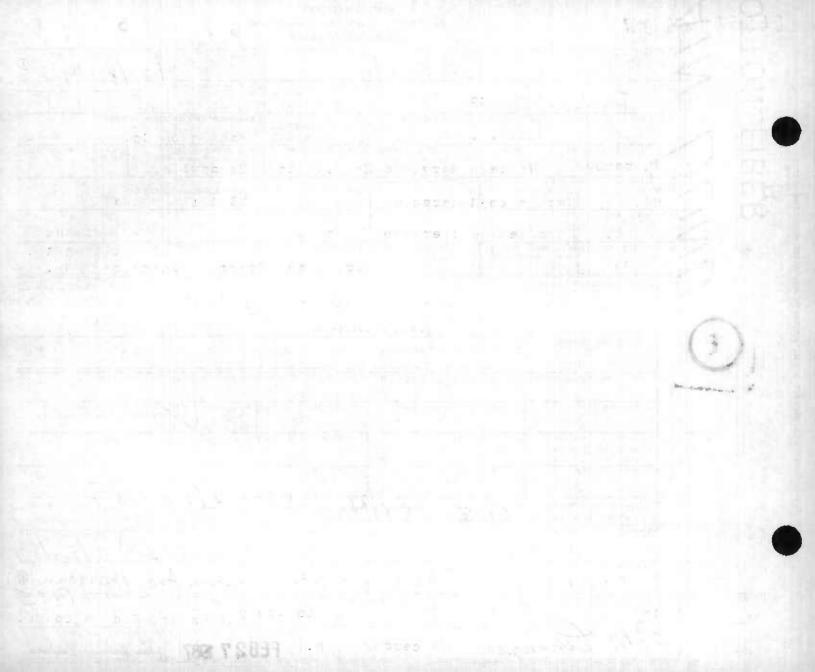
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICAT EGISTRAR LIDEGEASED NAME 20. DATE KNOWN Rov Donald. OF ESTI-KENDALL onald 6. AGE LINYEARS IF UNDER 1 YR 4 RACE TIE UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED May 21, 1918 68 DEAD Male White YRS 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEAT MARRIED NEVER MARRIED U.S.A. Maryland WIDOWED I DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Hagerstown Route 2 Supervisor Telephone Co. 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 3m STATE 13c CITY OR TOWN Wash. NO X Rt. 2, Box 1115 Hagerstown 21740 H FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Clara Charles Kendall B. Miner 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 220-05-6860 Donna E. Mong. Smithsburg, Md., 21783 yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSCOUEN E OF Conditions, if any, which gove rise to immediate cause (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 20 AUTOPSY? YES 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21s. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOS PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE COUNTY STATE 220. I certify that I took charge of the remains rescribed above, held on and in my opinion death resulted from: Natural couses | Accident Suicide Homicide ACTUAL EXAMINER'S NAME TYPE OR PRINT 231 NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery 230. BURIAL CREMATION REMOVAL (SPECIFY) Burial Feb.7, 1987 Md . 07/84 24 FUNERAL DIRECTOR **DHMH - 17** Davis Funeral Home, Smithsburg, Md. FEB (VR A15 ME (5))

Complete the second sec S octor supervisor Telephone Co. de Carrier de la description de la decembra de la description description de la desc contact - contac yes Nu II 220-05-6860 Donna & Mone, Detemburg, Mar. 21705 Charmon of land 162 Star Christian Shirtman I all the first the SALTES STATE STATE STATE Allen worth as merchanter the contraction and the . M. . Har . M. van Lemetry Party Col., C.do: Initial avis .uneral coe, ontinaburg, M., 21763 | Line 5 1932

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) HARRY GEORGE DEATH MATED 4. RACE DATE LAST BIRTHDAY) PRONOUNCED DEAD 84 Male White May 2, 1902 TIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY BIRTHPLACE (STATE MARRIED NEVER MARRIED X FOREIGN COUNTRY Maryland U.S.A. Washington WIDOWED [DIVORCED O CITY OR TOWN OF DEATH II, NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Maintenance Fairchild Washington County Hospital Hagerstown USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONAL Rt. 2, Box 442 13a STATE 136 COUNTY 31 CITY OR TOWN 13d INSIDE CITY LIMITS? Smithsburg 21783 Md. Wash. 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Spielman Eligie G. Koontz Sr. Mary Harry 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) LIFEYES GIVE WAR OR DATEST Dennis Davis, Smithsburg, Md., 21783 217-12-2979 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY RUSHING INJURY OF CHEST-N-862 with JAMMEDIATE CAUSE Canditions, if any, which ECK-N-805 AND OPEN FX. OF EXTREMITIES-N-828 gave rise to immediate cause (a) stating the under-Y MOTORVEHICLE-E-814 lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR YOWN STATE COUNTY 220. I certify that I took charge of the remains described above, held on Inspection Autopsy and in my apinion Suicide L Homicide ___ Undetermined monner ACTUAL SIGNATURE EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 23h DAT Feb. 20, 1987 Smithsburg Cemetery Smithsburg. Wash., 107/84 25M 24 FUNERAL DIRECT Davis Funeral Home, Smithsburg, Md., DHMH - 17 Julia Diordern Produce (VR A15 ME (5))

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4 SO IL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME	
S. Bradley Witherspoon Jeanne	Mamaux
	DDRESS923 Rolling Rd.
IVES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES 187-36-8155 Mary Susan Kreps	Hagerstown, Md.
No Social Security No. 17 INFORMANT 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 187. NO OR UNKNOWN) 11F YES, GIVE WAR OR DATES 18736 -8155 Mary Susan Kreps 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c). PARTI. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 216. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY AT HOUR A.M. MONTH DAY YEAR OFFICE, FARM, ETC.) 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY AT HOUR A.M. MONTH DAY YEAR OFFICE, FARM, ETC.)	ORTOWN COUNTY STATE
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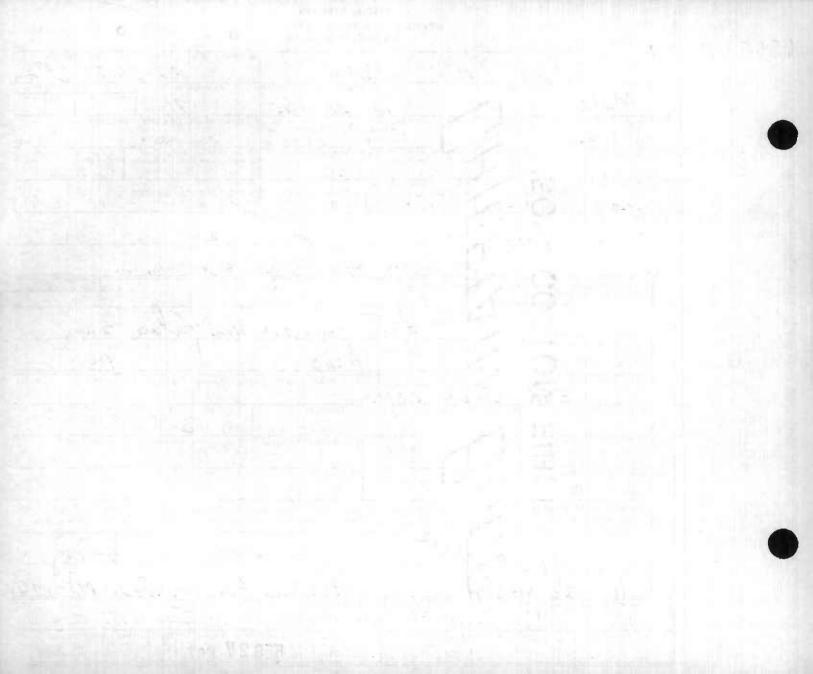


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH DECEASED NAME Allen 2b HOUR (TYPE OR PRINT) 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YE AR white 1915 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY USA Pennsylvania WIDOWED DIVORCED [Washington O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY electrical Washington County Hospital Hagerstown BUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13o. STATE 13b COUNTY 138.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 804 Mulberry Avenue 21740 Maryland Washington Hagerstown YES X 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Knauff John Kuhn Edna Howard Laura 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 214 09 1338 Myrtle M. Kuhn, Hagerstown, Md. no APPROXIMATE INTERVAL 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), (PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION FOR WHICH OP RATION WAS PERFORMED 20n AUTOPSY? 206 IF YES, WERE FINDINGS USED INJERTIFYING CAUSES OF DEATH? NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive a and that in (my) (aur) apinian death accurred on the date and have and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 771L PHYSICIAN'S NAME 22e ADDRESS 230 BURIAL TREMATION REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Feb. 26, 1987 Rest Haven Cemetery Hagerstown, Wash., Maryland burial 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4

415 E. Wilson Blvd., Hagerstown, Md. 21740

(VRA 15, 4)

STATE OF MARYLAND



.a.B.U .EX release notantinasi Cavific action and supply of conference of the conferenc 0.015 i or Page . of the state of th all annual on the same for Traff-I Con d. Sign. Ut. . Dicercock, Vis. 21 13

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH . DECEASED NAME HINOM 26 HOUR TYPE OR PRINT Martin Roy Feb. 4, 1987 5:45 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3.5EX Male Whi te 22. July . BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington County Penna. WIDOWED 8 CITY OR TOWN OF DEATH I LONAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clearview Nursing Home Welder Self-employed Hagerstewn NA COUNTY 13e STREET ADDRESS / ZIP CODE Penna. Franklin 115 Strickler Ave. Waynesbere 17268 & FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Alfred Elizabeth Martin Myers 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS Pasadena, Md. 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 3584 Brickwall Lane 173-03-0421 Curtis Alter 18 CAUSE OF DEATH (Enter only one cause per line for (a), [b), and (c)
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Horsenbake gave rise to immediate cause (a), stating underlying cause CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY NOI WHILE 220 | certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (and apinion death accurred on the date and have and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Edson B. Moody, M.D. College Road, Hagerstown, Md. 21740 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 2/7/1987 Green Hill Cemetery Waynesbore Franklin 50 S. Broad St 750 DATE REC'D. BY REGISTRAR 250 REGISTRATE SAGNATURE 74 FUNERAL DIBECTO DHMH - 16-60M 7/84 Waynesbere, PA (VRA 15, 4)

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SEX MONTH DAY YEAR WHITE MRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WASHINGTON COUNTY HOSPITAL HAGERSTOWN VISUAL RESIDENCE LIENURSING HOME OF OTHER INSTITUTION 30 STATE 136 COUNTY 13L CITY OR TOWN 134. INSIDE CITY LIMITS? MARYLAND BOONSBORO WASHINGTON YES T NO X 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME AWRENCE MECK HARRISON INDA 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) No LAWRENCE H. MECK NONE 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c).) PART I. DEATH WAS CAUSED BY: ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost 150 M DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 7 In ACCIDENT WAS UNDERLYING 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 71d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceosed alive on. obove, (I) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

230 BURIAL, CREMATION, REMOVAL

BURIAL

GERALD N. MINNICH

(SPECIFY)

24 FUNERAL DIRECTOR

BP

DHMH - 16 60M 7/84

(VRA 15, 4)

236 DATE

2-6-87

N. POTOMAC ST.

HAGERSTOWN, MARYLAND

4 RACE

- STATE

(TYPE OR PRINT)

REGISTRAR

I. DEGE ASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO EAST

5. DATE OF BIRTH

26. HOUR D 20 DATE OF DEATH MONTH 87 IF UNDER LYEAR & AGE HIN YEARS LAST BIRTHDAY) 86 BALTIMORE CITY OR COUNTY OF DEATH WASHINGTON COUNTY 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY NONE 13g STREET ADDRESS / Box KOAD MIDDLE PRINGLE ANN **ADDRESS** SAME AS 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES [NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE

> ATTENDING MEDICAL PHYSICIAN P DIRECTOR PHYSICIAN

23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN GREEN LAWN CEMETERY

WILLIAMSPORT

COUNTY

22c. DATE SIGNED

STATE

FEB 0 8 :387 July 12 12 - 2-4-14

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tor pog	3. SE.	ale		4 RACE White		S. DATE C	0F BIRTH 112, 01913 YEAR		ARS LAST BIRTHDAY)		TYEAR IF UND	DER 74 HRS
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To you	No.	VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. AR		278-05-0	JRITY NO.	17 INFORMANT Edward G. M.	lesser,		Walbash stown,	Md. 21	
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thot the sos		underlying couse lost.	((c)			175618			YAS	
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN. The low requires the other this certificate has been signed I as the burial-transit permit. Then pleat the and Mental Hygiene prior to burial orked or item 18th face ony injury, or conted or item 18th face only injury, or conted or item 18th face on injury, or content in item 18th face on injury or content in item 18th face on injury.	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	IN PART 110	
or to y inju	TION							T		
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PHY this re bu d or	MEDICAL	214 INJURY OCCURRED	218 PLACE OF	INJURY I, FACTORY, OFFICE, FA	ARM, ETC	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
NG NG ther of the orke		WHILE NOT WHILE ALL WORK								
N. A. S. A. A. S. A. A. S. B. A. S. B. B. B. S. B. B. B. S. B.		22a I certify that (I) (this hospi		deceased from_		, 19	, to	, 19		(I) (we) lost
Spirte CTO I for af 1		sow the deceased alive an above, (I) (we) (did) (did no	t) view the body of	ter death.		d that in (my) (our) opinion	deoth occurred on the do	ite and hour o	nd from the cou	ses stoted
OR or house		22b. SIGNATURE	. 1			DEGREE	MEDICAL STAF		22c. DATE SIG	NED
- + - +			68/14			PHYSICIAN	DIRECTOR PHYSIC		12-53-	53
HOSPITAL ned by it FUNERAL sid be det the State		22d. PHYSICIAN'S NAME (TYPE	R PRIMI			22e. ADDRESS	Λ	ST		
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7 5 ± 2 3 ₹ 4		URIAL, CREMATION, REMOVAL	739 ATE	23c N	AME OF C	EMETERY OR CREMATORY	123d LOCATION	7	OUNTY	STATE
BP	7.5	Burial	Feb. 26,	1987 Riv	ervie	Cemetery	Williamsp	ortWas	hington	Maryland
DHMH - 16 60M 7/B4	24 FL	INERAL DIRECTOR	- 1	ADDRESS			E REC'D. BY REGISTRAR	255 REGISTRA	R'S SIGNATURE	
(VRA 15, 4)	Ma	jor M.Osborne	Williams		2179	5 M	RO2 1987	Julia D	condum-Res	dath

STATE OF MARYLAND

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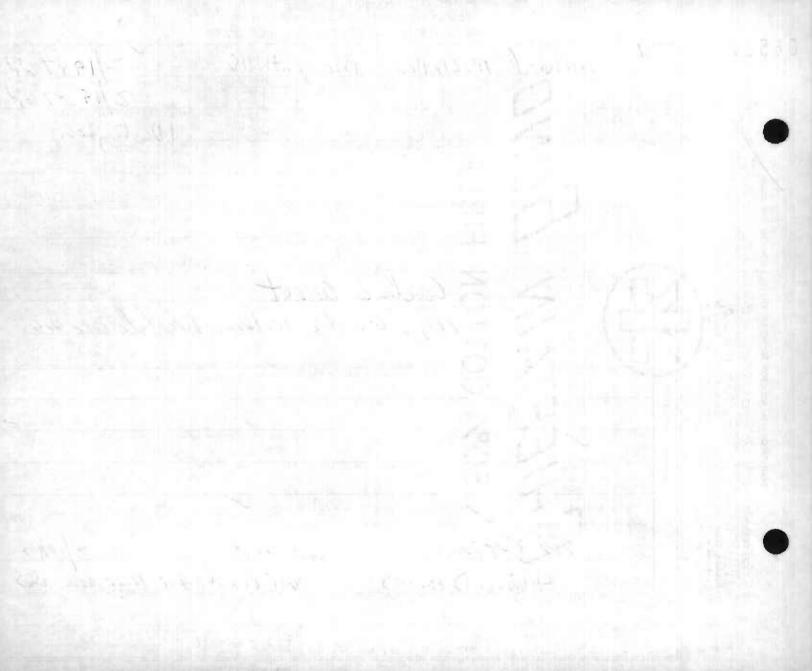
46515 MAR I	018	FOR STATE REGISTRAR			DEP	ARTMENT O	TE OF MARYI HEATH AND IFICATE OF	MENTAL HY	GIENE 8	REG. NO.) 6 0	4 6
		CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
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a do	3. SE			RACE			E OF BIRTH		6. AGE INYEA	RS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
oge 4		FEMALE		CAL		Ar	ril 8	1910	76	11	RS MONTHS DATS	HOURS MIN
nerol di n 72 ho		RTHPLACE (STATE OR FO		U.S.A		MAR	RIED NEVER	MARRIED D		ngton Co	ounty	MD.
the fu	. 1	OF TOWN OF DEAT	- 4	(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	OR OTHER IN			OR MOST OF WORKI	NG LIFE) INDUSTRY	OF BUSINESS OR
2 - 2 - 3 - 4 - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5		AGERSTOWA AL RESIDENCE LIF NURSIN				BEFORE ADMISSIO		SPITAL	Pres	ser .	Garne	nt Mfg.
BALTIMORE, MARYLAND 212C cote be executed within 24 hours ysicion and completely filled in b opers. Pages 1 and 2 should be fil wol. it, the medical examiner more by it, the medical examiner more by	13a_S	STATE	Frank	TY	13c CITY OR			CITY LIMITS?		DRESS / ZIP C		68
The set of		THER'S NAME		IDDLE	LAS		15 MOTHER	S MAIDEN NA	ME			
w ba mple ond		Nikolaus	M	HOULE	Krata		An	na.		MIDDLE	Faht	51
RE, do do		VAS DECEASED EVER II				SECURITY NO				ADDRESS W	aynesbere	PA
Pog Pog	- 1	YES, NO OR UNKNOWN)	TIP YES, GIVE	WAR OR DATES)	164-01	L-6360	Mrs.	Delores	Baker	8265 T	emstown R	d. 17268
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B ING PHYSICIAN. The low remember deoth certhico or ottending physicion. After this certificate has been will be a second on the burnol-transit permit. The permit over cordon pool in and Mental Hygiene prior to be content troumotic event marked or them. It shows ony injury, or other troumotic event	MEDICAL CERTIFICATION	Conditions, if any, gove rise to immicouse (a), stating underlying cause	which ediate the lost IFICANT CO REVING AUSE OF DEAT LEXAMINER; D E	DUE TO, O DUE TO, O DUE TO, O Color Tono 19b. COND 19b. COND 71b. TIME O HOUR A P. 71e PLACE 1at HOME STI	R AS A CONS R AS	SEQUENCE OF ONTAL SEQUENCE OF ONTAL SEQUENCE OF ONTAL SECUENCE OF	GEMIST UT NOT RELATE ION WAS PERF	ORMED NJURY OCCUR	YES TERMINATU	OCYTOM OR CONDITION SY? 206. 11 IN CI	FYES, WERE FINDI ERTIFYING CAUSE: YES MIB PART 1 OR PART 2)	NGS USED S OF DEATH? NO
TO HOSPITAL OR ATTENDER PROJUCE by the hospital of TO FuneRal Directors, should be detached for uss with the Store Dept. of Hee With MAPORTANT. If them 21 is read to the store Dept. of the control of the store Dept. of the		saw the decease obove, (I) (we) (di 278 SIGNATURE 274 PHYSICIAN'S NAI	d olive on_ d) (did not)	A By		/, D,	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	hour and from the	SIGNED
5 5 5 4 3 E		BURIAL, CREMATION, R	EMOVAL	236 DATE		73¢ NAME O	CEMETERY OR		23d LOCAT	ON		
1639 GBP_13		Buri	al	2/27/3	1987	Mt. Zi	on Ceme	tery	Quinc	Towns	hip Frank	lin PA
DHMH -16 60M 7/84 (VRA 15, 4)	14. FI	INERAL DIRECTOR	/ He	urs-	Wayr	ress 50 S	. Bread Penna	DU. MA	RO2 5	SISTRAR 256 RE	GISTRAR'S SIGNA	TURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN OF ESTI-LAST BIRTHDAY PRONOUNCED male white June 3,1910 DEAD 76 TOPBIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland USA WIDOWED K DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS Washington County Hospital ordering div. Hagerstown Pangborn LIVAL RESIDENCE HE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONAL 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Washington Hagerstown 6 Bittersweet Dr. 21740 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Richard Stouffer Morganthall Grace 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS Hagerstown, (IF YES, GIVE WAR OR DATES) 214-09-6121 Richard M. Morganthall, Jr., Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING 1D DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [] 21a EXTERNAL CAUSEWAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COUNTY PAGE 4 SHOULD BE TO FUNERAL DIRECTOR: PV TO FUNERAL DIRECTOR: PV AFTER DEATH, WITH THE ST RANTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held on Autopsy death resulted fram: EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 burial Rest Haven Cemetery Feb. 23, 1987 Hagerstown, Wash., Maryland 25M 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VR A15 ME (5))

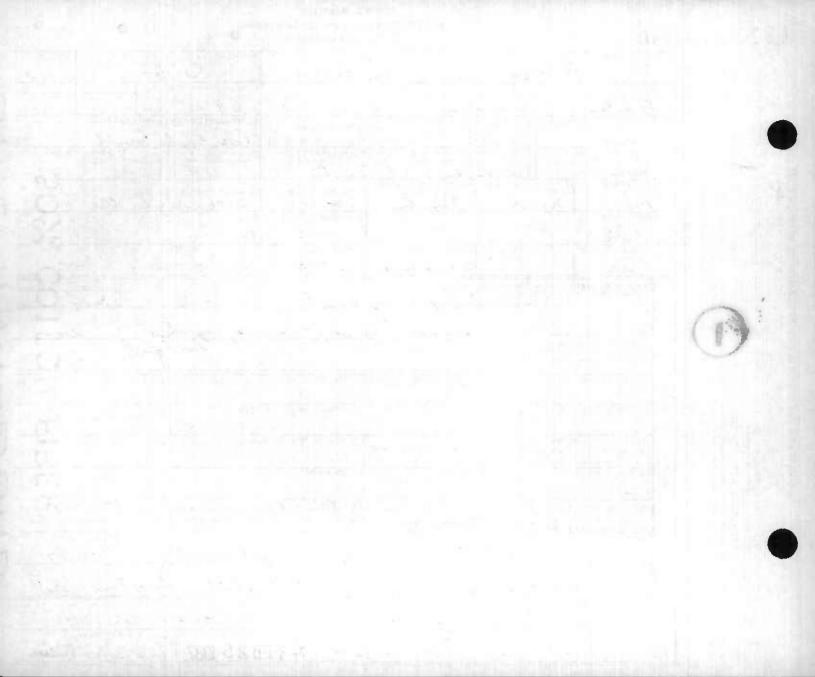


DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

MINNICH FUNERAL HOME 415 East Wilson Blvd., Hagerstown, Maryland 21740FFB 25

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

)	6	J	3.4	1
_	DAY	YEAR	2b HOUR	

1		EASED NAME OR PRINT)	Viol.		ath	OTTO)	20 DATE OF DEATH	MONTH DA		26 HOUR 1:00P
		emale	3,5	RACE Whit			of Birth huary 17, *18907	6 AGE (IN YEARS LAST	YRS	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	01	RTHPLACE (STATE OR FO		U.S.		WIDOWE		BALTIMORE CITY Washin	gton		MD,
)	В	onsboro		104 N	. Main S	t address)	or other institution	120 USUAL OCCUP. (TYPE OF WORK FOR MO! Housewi	TOF WORKING LIFE	INDUSTRY	Home
1	13a S	aryland	13P CON		Boonsbo	WN	YES 🛣 NO 🗌	130 STREET ADDRES		. 21	713
1		Pendleton		NODLE	Hover		IS MOTHER'S MAIDEN NAME FIRST Lorrens	a G.		Ambro	
	()	VAS DECEASED EVER II LES NO OR UNKNOWN)		WAR OR DATES)	220-18-		Dr. Frederic		Res Rfd. Boons	boro,	
	NOI	Conditions, if any, gave rise to imm couse (a), stating underlying cause	which ediote) the last	(b) DUE TO, OF	RAS A CONSEQUENCE CONGESTION OF THE CONGESTION OF THE CONTRIBUTING TO	UENCE OF SCIENT! UENCE OF TIVE		disease vilure	DNDITION GIVE	N IN PART I CO	
?	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
7	MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CO. (IF EITHER NOTIFY MEDIC. 21d INJURY OCCURRI AT WORK NOT WHILE AT WORK	AUSE OF DEAT AL EXAMINER) ED	P./ 21e PLACE (M, MONTH [M,	19	211. HOW INJURY OCCURR 211 LOCATION STREET	RED (ENTER NATURE OF		COUNTY	STATE
		22a. I certify that (I) (saw the deceased above, (I) (we) (di	this hospited alive an_		19		nd that in (my) (aur) opinion o	, to death occurred on the			that (h (we) last causes stated
	-	226. SIGNATORE	D. F	Bayer.	00			MEDICAL S DIRECTOR PHY	TAFF SICIAN 🗌	27c. DATE 2-5	SIGNED 7
1		Joy D		er, M.	D.		Boonsboro,	, Maryland	2171	3	
7		URIAL, CREMATION, R SPECIFY) Urial	REMOVAL	236 DATE 2-6-8			in View Cemet	23d LOCATION CITY OF TOWN	sburg,	Wash.	Co., Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Burial 2-6-87 Mon 24 FUNERAL DIRECTOR John H. Bast, Jr. Bast Funeral Home, Boonsboro, Md.

21713

250 DATE REC'D. BY REGISTRAR

1.61 1:009 man (200) Lease, Miller C. S. J. emph med sliesabo. Journal . 101 onodenoot emplana thenlargen decrebbre a comment than the 21715 Penleton oranie oranie ulo. ulo. ulo. ulo. ulo. ulo. 27 4 14 7531 Lz. Frederick S. Water, Boundbotte, Kd. 21715

Jubici Schulf, Serv. dr. 3.e Mudaril Mero, Loomeberg, M., 21713

CT - STATE REGISTRAR L DECEASED NAME 01ean TTYPE OR PRINTS XXXXXXXXXXXXXX 3 SEX 4 RACE white female 74 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? Tennessee USA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Boonsboro Fahrney-Keedy Memorial Home USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 1136 COUNTY Washington Maryland 4 FATHER'S NAME FIRST MIDDLE Thomas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST no Conditions, if any, which gave rise to immediate cause (a), stating the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> 5 DATE OF BIRTH MONTH

> > Oct.

WIDOWEDE

REG. NO.				4
DATE OF DEATH MONTH	DAY	YEAR	2b HOL	JR
2	19	198	8	17 A
AGE (IN YEARS LAST BIRTHDAY)	IF UND	RIYEAR	IF UNDER	24 HI
0.2	MONTHS	DAYS	HOURS	MI

1903 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington DIVORCED [

12a USUAL OCCUPATION 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY school secretary

13e.STREET ADDRESS / ZIP CODE 21740 Alexander House 15 MOTHER'S MAIDEN NAME unknown

ADDRESS 17 INFORMANT Mrs. Minette McNamara, 831 Oak Hill Ave.

415-38-6328 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. Perioscrevatio Cardiovascula PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

YES K

FIRST

Arerv

190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY

Mullins

Hagerstown

166 SOCIAL SECURITY NO

Patton

206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INTURY

abave, (1) (we) (did) (did not) view the body ofter death

19

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

211 LOCATION CITY OF TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that (1) (this haspital) attended the deceased from,

ATTENDING

and that in (my) (aur) apinian death accurred an the date and have and from the causes stated 77c DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OF PRINT)

AI WORK

saw the deceased alive an.

220 ADDRESS

DEGREE

chi

COUNTY

230. BURIAL, CREMATION, REMOVAL

22b. SIGNATURE

burial

23c NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

23d LOCATION Hagerstown, Wash., Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

Feb. 21, 1987

Wilson Blvd., Hagerstown, Md. 21740

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문문도오동	1. SEX	4 RACE	5. DATE OF BIRTH	YEAR LAST BIRTH	DAY! WONT		MIN PRONOUNCED	MONTH	DAY YEAR 2d. HOU	
PAGO NO.	Male	Cauc.	March 31		YRS.		DEAD	2	13 198/	M
WAS A STATE OF THE	BIRTHPLACE FOREIGN COUNTRY	1	76. CITIZEN OF W	HAT COUNTRY?	8 MARR	IED NEVER MARI		_		
12 12 1 L	Washingto	The second secon	U.S.A.		WIDOV		1100111119	ton Cour	nty, M	D.
10CHRAD	III. CITY OR TOWN	N OF DEATH		SPITAL, NURSING HOA		IER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE		OR INDUSTRY	
3027				Mountain of		5. 40	Physicians A	Assista	nt Hospital	
1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SUAL RESIDENC	E (IF IN NURSING HOME O		136 CITY OR TOWN	SIONI	138 INSIDE CITY LIMITS?	13e. STREET ADDRESS		Mario	,
当 《圣世》是 D	Virginia	Loud	oun	Leesburg			Route 2, Box	z 70	99999	
D N N N N N N N N N N N N N N N N N N N	FATHER'S NAA		MIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME MIDDLE		LAST	
A ANA ANA		V. Potter				Norma Ia				
W WASHIN	160. WAS DECEAS	ED EVER IN U.S. ARA	AED FORCES? WAR OR DATES)	166 SOCIAL SECUR	ITY NO.	17 INFORMANT		ŖESS		
THE SAME	yes	NOWN) (IF YES, GIVE Viet	Nam	265-62-36	45	Judith A	Ann Potter (s	same as	#13)	
A STATE OF THE STA	18 CAUSE	OF DEATH (Enter onl	y ane cause per line	e far (a), (b), and (c).)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	н
A ABABY &	2 841	IMMEDIAT	E CAUSE (a)M	ultiple in		5				
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E E E E E E E		ions, if ony, which rise to immediate	(b)							
× 023 70		a) stating the <u>under</u> - ouse lost.	DUE TO, OR	AS A CONSEQUENCE	OF					
S ENTANGE			(c)							-
MAN SAN ANA		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	RUT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN P	ART Tila			
T SASSES T	190. DATE C									
# 35 # 8 # 3 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	3 190. DATE C	OF OPERATION	196. CONDI	TION FOR WHICH OP	RATION V	AS PERFORMED?			20 AUTOPSY?	
F 28255	1								YES X NO	
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SA STATE OF	CONTRIBUT	TING CAUSE OF E					licopter cras	h		
AN SERVICE AND SER	C III	OCCURRED	STREET EAC	OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION	CITY OR TOWN	COU	INTY STATE	
WAR WAR	AT WORK	O NOT WHILE	mount	ain top	Sou	uth Mounta	in off U.S. 4	0 Was		
A STATE OF S	Helon	tify that I took charg	e of the remains de	bed above, held an	Autop	sy Inspecte	on . Inquiry .	ond in my opi	inion	
NEW THE STATE OF T	death resu	ited from Natur	ol causes	dent X	DUICINE	Homicide .	Undetermined manner			
AND SAME		100.	1/1/	8. 4	MAIN	TITLE (SPECIFY)				
A # P A F A P	SIGNATUR	au	W/X	myso,	ivuv	V Assista	nt MEDICAL EXAMINER	DATE	2/14/87	
NOTE A SET OF	EXAMINER'	C NIAAAE		/						
W D W B B B B B	TYPE OR PE	RINT) DE	ennis F.	Smyth, M.D.		ADDRESS 111	Penn St. Ba	lto.MD.		-
683648	130.BURIAL, CREM	ATION, REMOVAL 2	36 DATE	23c. NAME OF C	EMETERY C	R CREMATORY	23d LOCATION CITY OR TOWN	COUN	NTY STATE	
98/11/80/99	Buria									
DHMH - II	24 FUNERAL DIRE	CTOR	ADDRES	esburg, Va	16	250. DATE	REC'D. BY REGISTRAR 256	Bhath Co.		
(VR A15 ME (5))	Loudoun	Funeral C	hapel Le	eesburg, Va	. 220	75 FFB	2 4 1987	a Reviden	* 11,	



Julia Devideon Pandalle

(VRA 15, 4)

STATE OF MARYLAND

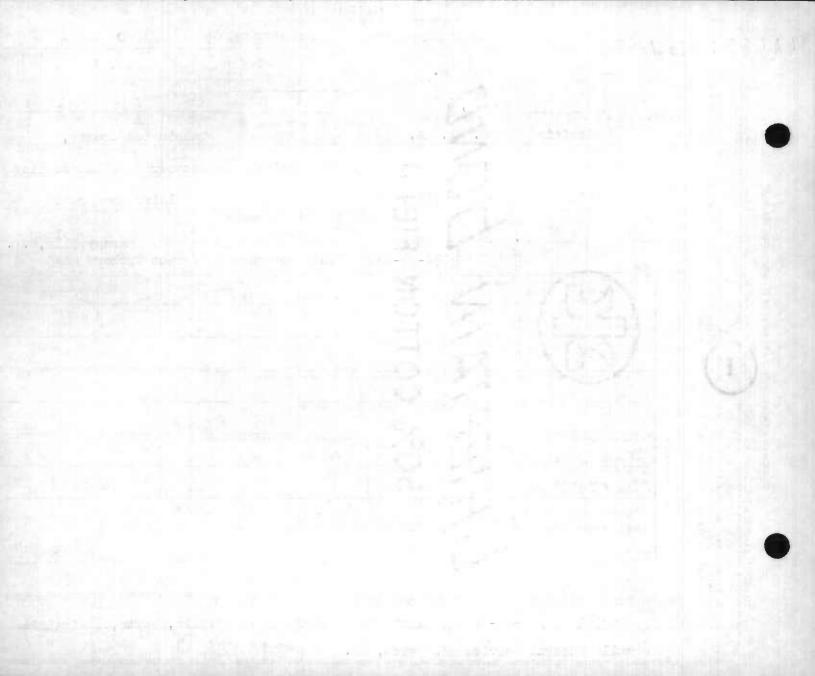
Carl - nat aring n Laure's nomination. άλ _h g 1- - - - - - L charge the county to fire the contract of the No. wash. . unkerowa g 125 Stouffer Ave. 21936 Ileagen d. . Dierley Very 214-32-453 Mr. Levid C. Fotta Ministering M.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DEGEASED NAME 20 DATE KNOWN DX1 0:00 (TYPE OR PRINT) ELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. IP PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS. 20, W. PRESTON STREET. DEATH MATED Feb. William M. Prater 1987 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. 5 DATE OF BIRTH 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED IDA 1917 69 DEAD YRS 76 CITIZEN OF WHAT COUNTRY? JOBIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED T POREIGN COUNTRY) Virginia WIDOWED DIVORCED Washington County, CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Hagerstown Washington County General Hospital Landscaper Landscaping USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY Millsville 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Jefferson Blairs Road Box1 YES [NO X M FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Mary Prater 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7 INFORMANT ADDRESS Rearney Ville . W . V . TYES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) 230-03-1265 Judy Woodward Jefferson Orchard Road 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY OPA DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS OF HEALT 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? FICATE, WRITING THE WORD "I E FORWARDED TO THE CHIEF TTOR: PAGE 3 SHOULD BE USED 11HE STATE DEPARTMENT OF H WAND, 21201 PRIOR TO BURIAL NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 10 a.m. Feb13 1987 UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH struck by train 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK WASH, Sandy Hook Rd. at tunnel MD PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE 22a I certify that I took charge of the remains described above, held on Autopsy and in my opinion Accident X death resulted from: Homicide Natural couses Suicide Undetermined manner TITLE (SPECIFY) 16 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 73¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE BP Burial 2-19-87 Elizabeth Cemetery Saltville Virginia 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH ----Marzullo Funeral Service Upperco, MD. (VR A 15 ME (5))

STATE OF MARYLAND

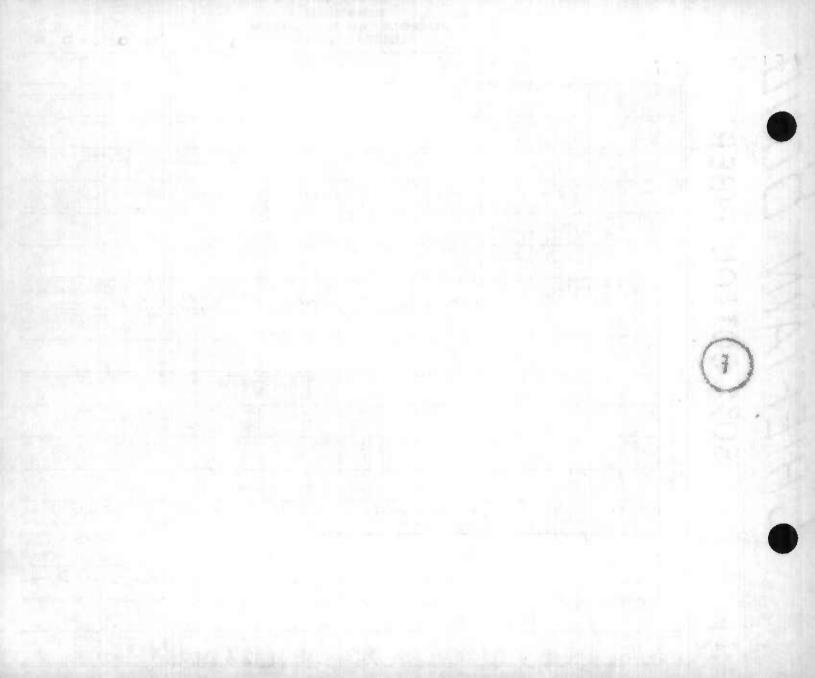


STATE OF MARYLAND

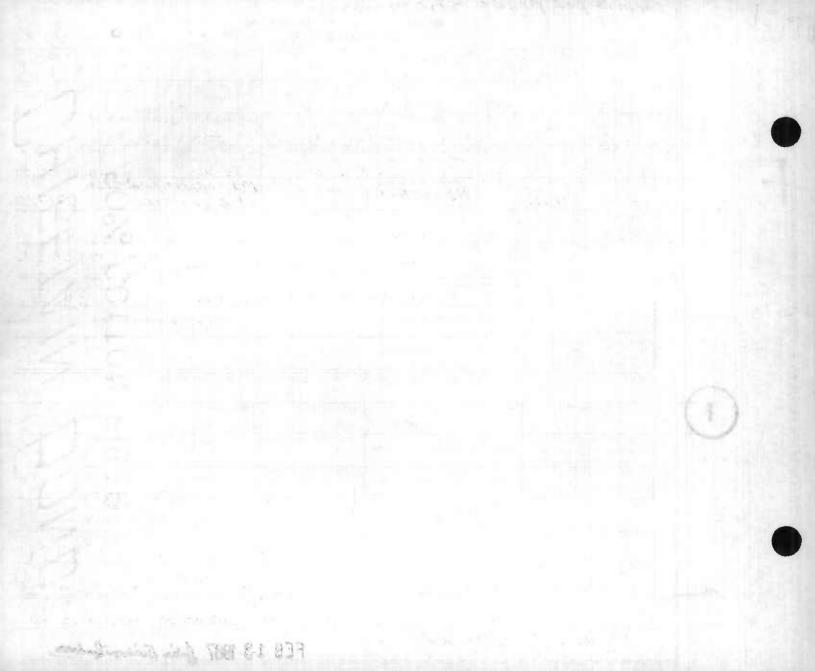
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

BY REGISTRAR 256 REGISTRAR'S SIGNATURE 250 DATE REC'D.



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STATE OF MARYLAND OF HEALTH AND MENTAL HYGIENE RIGISTRAR REG. NO. DECEASED NAME O. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 3 SEX AGE (IN YEARS IF UNDER 1 IF UNDER 24 HRS DATE (AST BIRTHDAY) PRONOUNCED DEC. 15, 1960 HISPANIC 26 DE AD 6 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR EL SALVADORE, C.A. EL SALVADORE, C.A WIDOWED 0 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 26 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! WASHINGTON COUNTY HOSPITAL HAGEKSTOWN MAINTENENCE NONE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS COUNTY 13c. CITY OR TOWN MARYLAND MONTGOMERY SILVER SPRING YES IX NO | 8816 LANIER DRIVE. 15 MOTHER'S MAIDEN NAME M FATHER'S NAME MIDDLE LAST **ALEJANDRO** LOPEZ REYES LUCIA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. TYES, NO. OR UNKNOWN 1 (IF YES, GIVE WAR OR DATES) UNKNOWN ANDRES REYES (UNCLE) 200 N. HONERS LANE ROCKVILLE, MD. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate cause (a) stoting the under-PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 196 CONDITION FOR WHICH OPERATION WAS PERFORMED YES 1 NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 2Tc. HOW INJURY OCCURBED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY YEAR UNDERLYING DOM 440P.M. CONTRIBUTING CAUSE OF DEATH II LOCATION CITY OR TOWN NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WATH THE STA BAJITIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held-on and in my opinion death resulted from: Notural couses Undetermined manner Homicide ACTUAL EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY BURTAL FEB.7,1987 SESORI CEMETERY SAN MIQUEL, EL SALVADORE, C.A. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** VANN & WILLIAMS, 4804 GEORGIA AVE., N.W., WASH., D. C. 8 (VR A15 ME (5))

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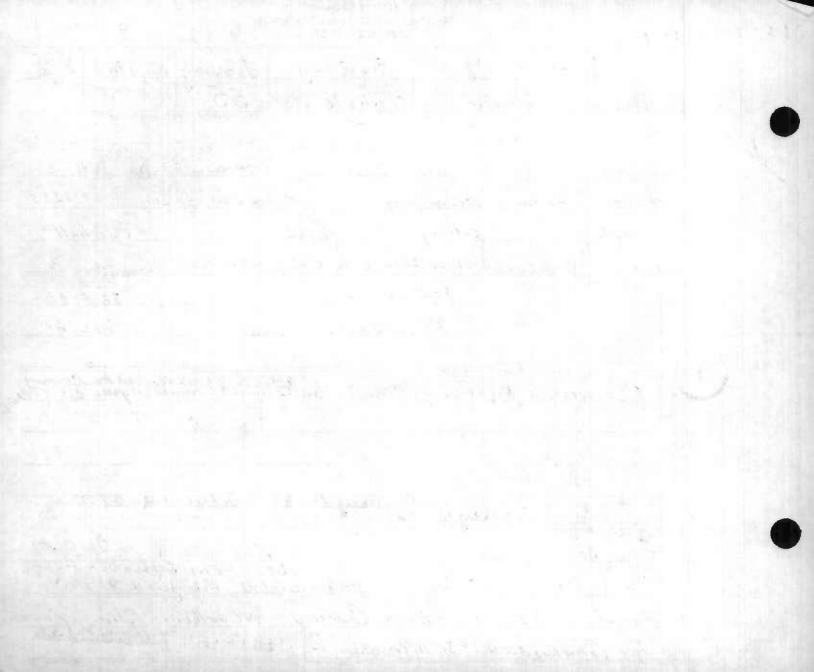
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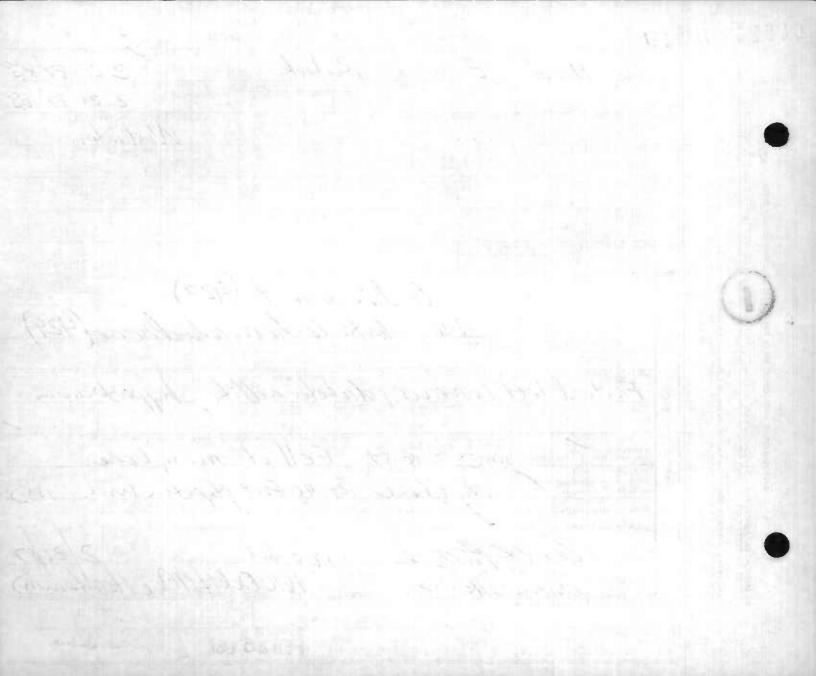
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STATE OF MARYLAND

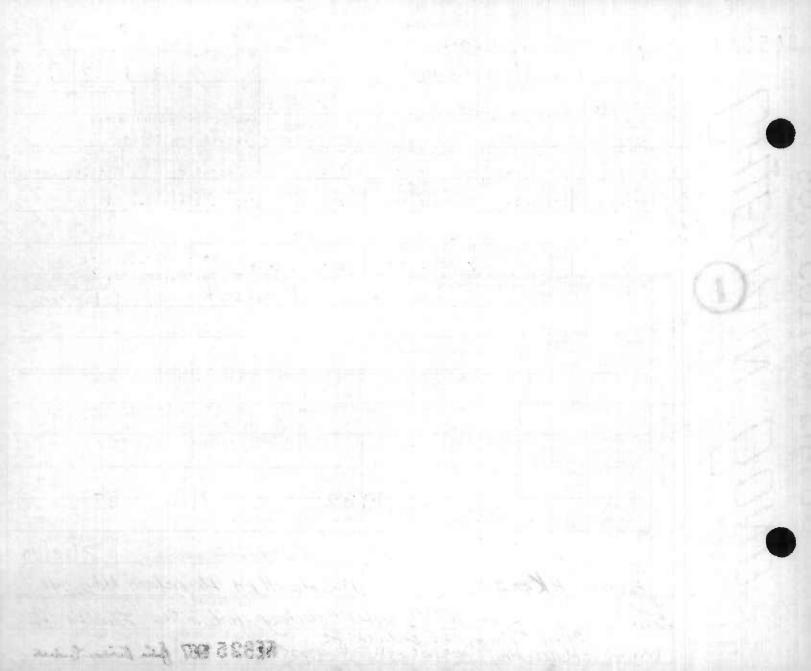
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME DATE KNOWN (TYPE OR PRINT) DEATH MATED lizabeth AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS PRONOUNCED November 1,1913 white 73YRS DEAD female TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Pennsylvania WIDOWED [DIVORCED XX IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Colton Villa Nursing Center Hagerstown Dietary Dept. Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 243 Summit Avenue 21740 13c CITY OR TOWN 134. INSIDE CITY LIMITS? 1136 COUNTY Maryland Washington Hagerstown YESX 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Ida Smith Timmons Jeremiah 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS IYES, NO. OR UNKNOWN) 219-20-2094 Mr. Francis Myers, Hagerstown, Maryland 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONCISIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 19a DATE OF OPERATION YES 🗌 NO C 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH AT WORK AT WHILE 22a I certify that I took charge of the remains rescribed above, held an Notural couses death resulted from: Accident Suicide Undetermined monner Homicide EXAMINER'S NAME (TYPE OR PRINT 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY burial Hagerstown, Wash., Maryland Rest Haven Cemetery Feb. 24, 1987 07/84 MINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 415 E. Wilson Blvd., Hagerstown, Maryland 21740 (VR A15 ME (5))



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1 1 27		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR INDUSTRY
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OR he h		MACIA	14491	ATTENDING	MEDICAL STAFF	2/0187
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TO HOSE Should be with the IMPORTA		Dilla. 1	on Har	1610 orlow	411 A. Head	CADOW MDZIJY
shoot shoot	73u	SURIAL CREMATION, REMOVAL	123h DATE 123c	NAME OF CEMETERY OR CREMATOR	RY 123d LOCATION	07.07.77.42
RP		Burial		lue Ridge Ceme	CITY OR TOWN	Frederick, Md.
		UNERAL DIRECTOR		250 #	THE REE D. BX REGISTRAR 251-7RE	GISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	Ar	drew K. Cof	fman Funeral	erstown, Md.	LD 9 198/ 8	Durdon-Randaea
		30 301	Tunerat	nome, Inc.		

2-5-87 8 6 Virginia Ithropery Scriptor Female White Dect. 18, 1922 | 64 . A. E. G. Konge et al. effection introduct characteristics are recorded Maryland Washington decirrons to 137 Greenberry Foad Omna S. Hayres Virgie 1. Hijshian 137 Creenberry Dens 193-12-8920 James E. Seipler Hagerstown, Ed. Carthe Wille leaving the Hong of Wealer I dua is willy one in a horse to now duties no there 28 312 2 Bliff 2 312 Siller Colored State Colored Harpenton 18 1200 Some 1 - 1-17 stud Stidge Concepts Thereone, Trocertek, Md. Bauerstown, Md. . architecture de la company d

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Dept.

FOR - STATE REGISTRAR

DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 / SHILLI	her 6 J	6 2
LE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	SHILLING	February 17, 1	987	M
	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	June 14, 1916	70 _{YRS}	MONTHS DAYS	HOURS MIN.
AT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH	

1. DECEASED NAME Lydia Marie 3 SEX 4. RACE female white HE BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHA Washington USA Maryland WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS] INDUSTRY LITYPE OF WORK FOR MOST OF WORKING LIFE! law office Washington County Hospital Hagerstown secretary USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 413 Summit Avenue 21740 Washington Hagerstown Maryland YES 2 NO T 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Iona MIDDLE English Shilling Repp Harry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. ADDRESS 17 INFORMANT IYES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES) 219-05-2254 Harry I. Shilling, Hagerstown, Md. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: FAILURG ESPIRATORY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF EPTT CEDIA Canditions, if any, which gave rise to immediate AS A CONSEQUENCE OF ALLTR PIELS URPHINTIS cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION ESRO

190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED

20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE

Verember 22a I certify that (1) (this haspital) attended the deceased from saw the deceased alive an_

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 27h SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING ANDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME STOPE OF PRINTS 22e ADDRESS

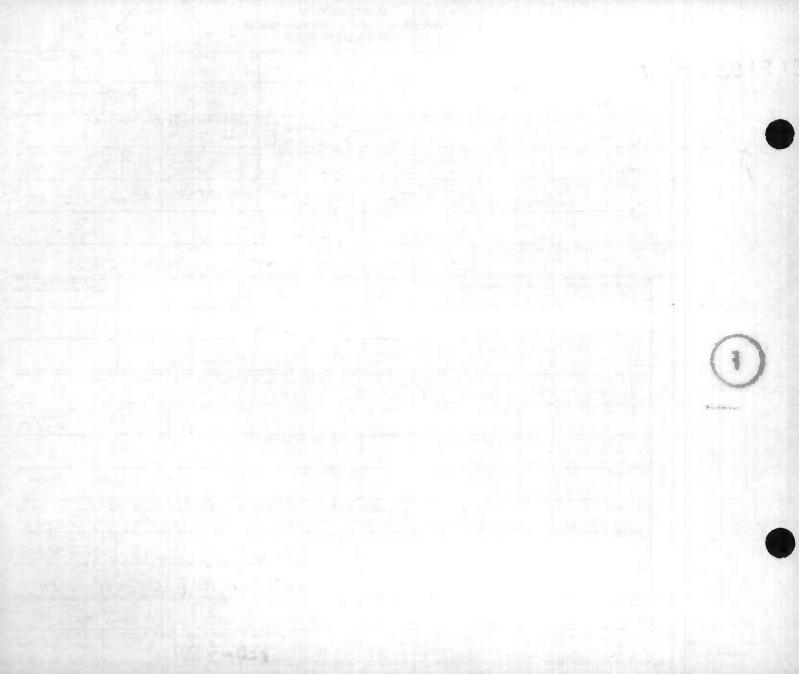
WAGTERADOW DRIVE. 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY

buria1 Hagerstown, Wash., Maryland Feb. 19, 1987 Rose Hill Cemetery 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

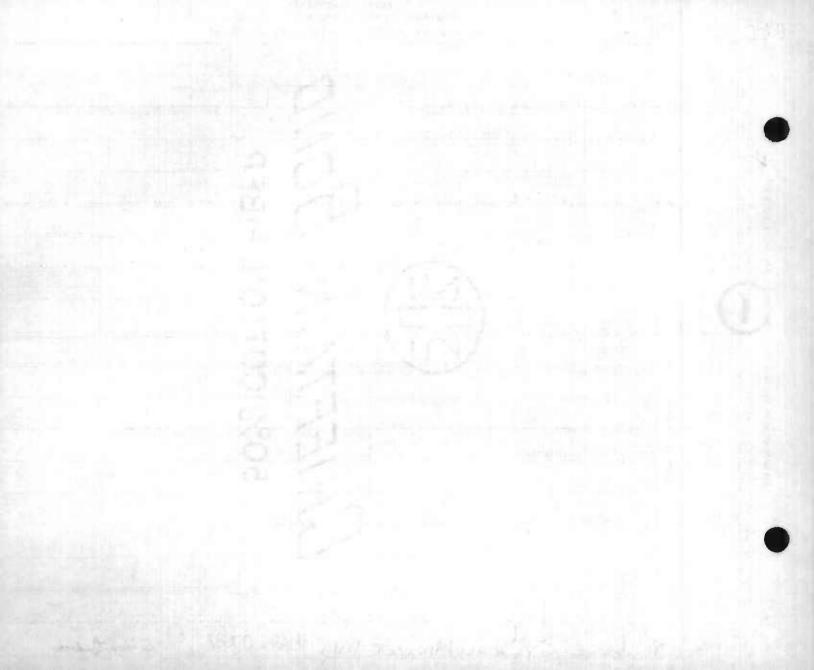
DHMH - 16 60M 7/84 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VRA 15, 4)

NOT WHILE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Da dispo adasse



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80211	1- 5	TATE REGISTRIAR			DICAL EXAMIN			DEATH	REG. N	0	0 0	4
	I. DEC	EASED NAME	FIRST		MIDDLE		LAST	20 DA	TE KNOWN	X MONTH	DAY YEAR	2h HOUR
2, AND 3 TO THE FUNERAL DIRECTOR. 3. AFTAIN PAGE SFOR YOUR FILES. SEROUID BE FILED WITHIN 72 HOURS. ALRECORDS, 20 M. PRESTON STREET,	(TYPE	OR PRINT)	Nancy	J	Carol	Sh	nirlev	DE	ATH MATED	2/	24/19 87	, w
TREE	B. SEX	4.	RACE	S. DATE OF BIRTH	YEAR LAST BIRTHD	ARS IF UN	DER I YR. IF UNDER 2	24 HRS. 2c. D	ATE OUNCED	MONTH	DAY YEAR	12 HOUR
	Fe	male	White	July 15.	1936 50 Y		HSI DAYS HOURS		EAD	2/2	24/ 1987	PM
1	Per BIF	THPLACE (STAT	E OR	76. CITIZEN OF WH	AT COUNTRY?	B. MARR	ED NEVER MARRIE	D 9 BAI	TIMORE CITY	OR COUNT	Y OF DEATH	
7	Ma	ryland		United S	tates	WIDOW			ashingto			MD.
7	10 CI	Y OR TOWN OF	PDEATH		PITAL, NURSING HOMI	E, OR OTH	ER INSTITUTION		CUPATION (TYI	PE OF WORK	OR INDUSTR	
4	LCEL A	Hagersto	OV-T)	Washingt	On County I	Jospi	tal	Homem	aker			
1	13a ST	ATE	13h COUN	TY	13c. CITY OR TOWN	ION)	13d. INSIDE CITY LIMITS?	13e. STREET AD			0.1.	
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N	14. FA	FIRST		MIDGLE	LAST		FIRST		MIDDLE		LAST	
4			EVER IN U.S. ARA	RUSSell MED FORCES?	Weller Tibb. SOCIAL SECURIT	Y NO.	Ellen 17. INFORMANT		ellissa .O. ABOX	S E 1 1	McGowe	:11
П	(YE	S, NO, OR UNKNOWN	(IF YES, GIVE	WAR OR DATES)	220 30 94	06	Debra Lawy				ngs W.VA	25/1
F			DEATH (Enter ani	y ane cause per line	far (a), (b), and (c).)	<u> </u>	I DEDI A LAN	761 0	CINCICA	201 11	APPROXIMATE	EINTERVAL
П			TH WAS CAUSED			lerot.	ic Cardiova	scular	Disease	ے	BETWEEN ONSET	AND DEATH
OF HEALTH AND MENTAL HYGIENE, URIAL, CREMATION, OR REMOVAL.	1		MANIEDIAI		AS A CONSEQUENCE							
REA.			if any, which	(b).								
			ating the under-	DUE TO, OR	AS A CONSEQUENCE	OF	1					
				(c)								
	7	PART 2 DTNER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH I	RUT NOT RELATED TO THE TERM	AINAL DISEAS	E OR CONDITION GIVEN IN PART	Tle				
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3	MEDICAL CERTIFICATION	UNDERLYING	OR CAUSE OF D		MONTH DAY YEAR	R						
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		ACTUAL SIGNATURE	/	1 1		M	D. Assistant	MEDICAL E	XAMINER	DATE	2/25/	87
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1		TYPE OR PRINT) Gr		Kauffman, N			1 Penn				
·	23a. Bl	PECIFY)	ON, REMOVAL 7		23c. NAME OF CE.			23d LOCATIO		COUNT	TY SI	ATE
	24. Ft	Burial	OR .	2/27/1987	Stone B	ridge	Brethren	Hanco	CK. Was	hingto	on Md.	21750
1	+	ME	1	ADDRESS	de.	- 100	MAR 1	0 1987	1	wad.	D. 1.	
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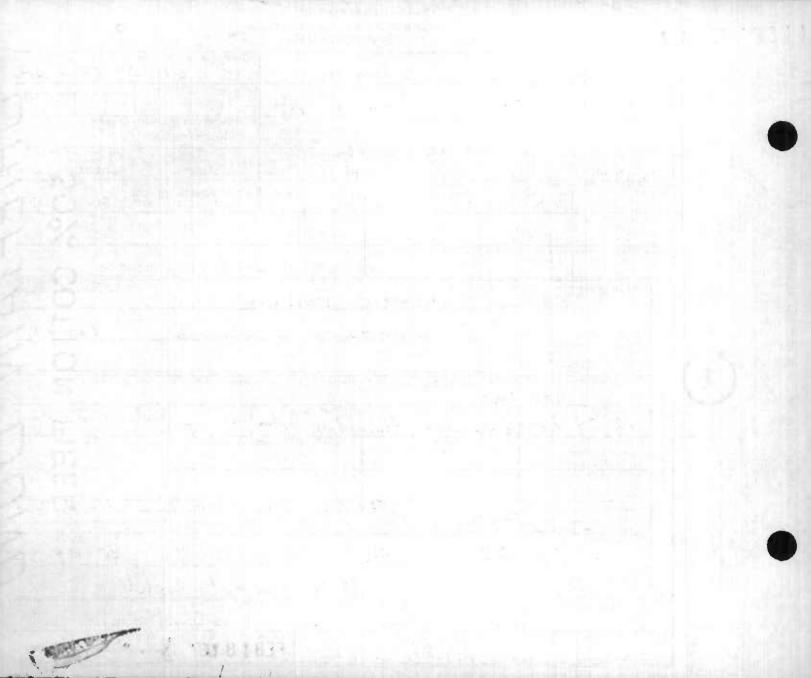


DEPARTMENT OF HEALTH AND MENTAL HYGIENE © - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 26 HOUR I. DUCEASED NAME LIYPE OR PRINTS 1987 GERALDIAE Elizabeth rebrucey A AGE LIN YEARS LAST BIRTHDAY IF LINDER 1 YEAR 3 SEX 10asiar **BALTIMORE CITY OR COUNTY OF DEATH** 7a BIRTHPLACE I STATE OR FOREIGN WIDOWED DIVORCED T NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INDUSTRY LTYPE OF WINDER FOR MOST OF WORKING LIFES USUAL BESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE A MICE BEFORE ADMISSION)
130. STATE 130 COUNTY 131 11 YOR TOWN 13d. INSIDECITY LIMITS? 13e.STREET ADDRESS ZZIP CODE 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Light Charles E. Barrett, Sr. M. Emma IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT HE YES, GIVE WAR OR DATES! Mr. Vincent W. Slusher, Hagerstown, MD. no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: terral puramango pra IMMEDIATE CAUSE (a) (BAK Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. arcinoma. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from, sow the deceased alive on 10 co, obove. (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 226 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Fender 138 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) burial Feb. 18, 1987 Rest Haven Cemetery Hagerstown, Wash., Maryland FEB 204 BY 1987 TRANS 156 REGISTINARY STIGNATURE 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME DHMH - 16 60M 7/84 415 E. Wilson Blvd., Hagerstown, Maryland 21740 (VRA 15, 4)

STATE OF MARYLAND



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4 FEB 19	37 -	FOR STATE REGISTRAR		,	DEPAR		EALTH AND A			REG. NO.	0 6	ل	0 3
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334		Kansas		USA	A	WIDOWE		VORCED	Was	hingtor	n		MD.
100	10 C	TY OR TOWN OF DEA	TH		HOSPITAL, NUR		OR OTHER INST	NOITUTION	120. USUAL OC		ING HEET IN	L KIND OF	BUSINESS OR
led /	Ha	agerstown		Washin	gton Cou	inty Ho	spital		examin		¢1	othir	ng factor
35	13a. S	AL RESIDENCE (IF NURSI TATE aryland	136 COU		GIVE RESIDENCE BER	NWO	13d. INSIDE C	ITY LIMITS?	13e.STREET AD	DRESS / ZIP C East Ch	code	St.	21795
Sept 2	14. FA	THER'S NAME						MAIDEN NA				1	
2/1/2		Henry	Pat	rick	Hutto	n	F1	ora	,	AIDDLE		Yelto	on
- 10-7		VAS DECEASED EVER			166 SOCIAL SE	CURITY NO.	17 INFORMA	NT		ADDRESS			
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of H 21 is		saw the decease abave, (1) () ()	d alive an	t) view the hads	ofter death	87.0	nd that in (my)	(eat) apinian	death accurred o	in the date an	d haur and	fram the c	auses stated
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0 € 1 ₹ /		BURIAL, CREMATION,	REMOVAL	236 DATE	2:	NAME OF	EMETERY OR (CREMATORY	23d LOCATION		pour	INITY	CYATE
	Ъ	urial		Feb.13	,1987	Rose H	ill Cen	netery	Hager	stown,	Wash.	, Mar	ryland
- 16 60M 7/84	24 F	JNERAL DIRECTOR	MIN	NICH FU	NERAL HO	OME		25a. DAT	E REC'D. BY REG				
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			1-	FOR STATE REGISTRAR		DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	0 /	0	6 0	6 0	
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	de	119	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NU		R OTHER INSTITUTION	120 USUAL OCCUP			OF BUSINESS OR	
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BALTIMORE, MARYLAND 2120	bo i	2 0		AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		136 CITY OR		13d INSIDE CITY LIMIT	S? 13e STREET ADDRES			1740	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	es that the death	ind by the other please remotion, or rem viol, cremotion, or rem v. or other froumatic ex		Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause lost	(b)	R AS A CONS	equence of ougste		or Jan'ler		GIVEN IN PART 1	0	
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ALR	The lon.	Shows	TIFI						YES NO		YES 🗌	NO 🗌	
OF VIT	SICIAN- ng physic	riol-trons entol Hygi frem 18 sh		2 to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	LAIII	M, MONTH	DAY YEAR	21c HOW INJURY OC	CURRED (ENTER NATURE OF	injury in Item I	8 PART TOR PART 2)		
IVISION	NG PHYS	s the bur ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, O	FFICE, FARM, ETC.)	211. LOCATION STREET	CITY C	R TOWN	COUNTY	STATE	
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	BP_			Cremation	2-24-				IATORIUM Si	niths	burg, Wa	ash. Md.	
		16 60M 7/84 A 15, 4)		.K. Coffman	Funeral	Home Home	gersto	wn, MD. 250	FEB Z 19	B P 256 REGI	Strag & Stona	TURE	

Crearings 2-24-87 System CRENATORIUM SHithaburg, Wash. Nd.

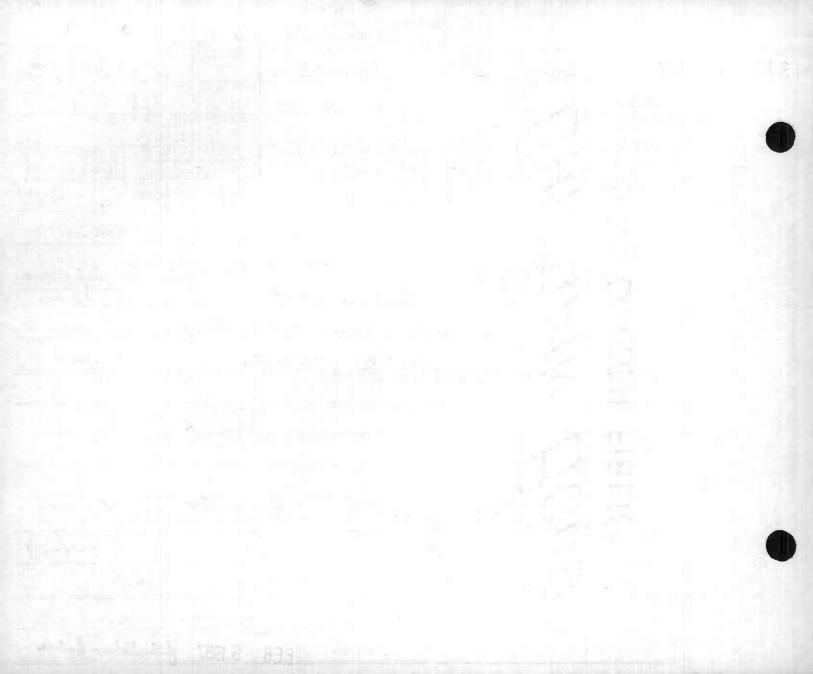
- 23 1-09-9597 dearlor J. Socks Dr. Hagerstorn, Mc.

February 23, 1987 12:37mm

School Shoe Company

A.K. Coffean Functel Down, Inc.

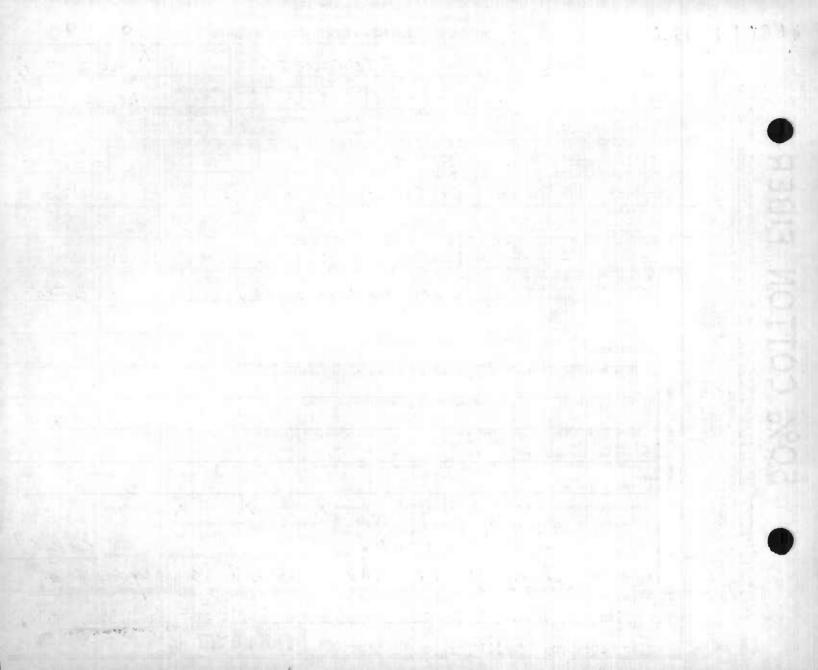
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE OF DEATH 2b. HOUR MONTH YEAR Leroy MPE OR PRINTS LEON 2 87 OF55ARV 02 4. RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR MONTH YEAR MALE USA 15 7a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Maryland Washington WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Hagerstown Washington County Hospital projectionist theater 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 515 Jefferson St. 13d. INSIDE CITY LIMITS? 21740 Maryland Washington Hagerstown YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRS MIDDLE MIDDLE Maude Roy LeFever Spessard ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) W.W. I 578 01 5213 Harold E. Spessard, Hagerstown, Md. ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY 30 min IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a I certify that (I) (this hospital) at inded the deceased from sow the deceased alive on. opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22e ADDRES ld b AGERGROWA 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY burial CITY OR TOWN Feb.5,1987 Rose Hill Cemetery Hagerstown, Wash., Maryland 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 25a. DATE REC'D. DHMH - 16 60M 7/84 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH 26. HOUR TYPE OR PRINT JHATE February ary A AGE TIN YEARS LAST BIRTHDA 3 SEX 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS - 03 9. BALTIMORE CITY OR COUNTY OF DEATH L CITIZEN OF WHAT COUNTRY? O BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED K COUNTRY) Washington Co. DIVORCED [WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR Office Work for Most of Working LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY HASCRSTOWN Baking WASH- Co. HOSpita USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13e STREET ADDRESS / ZIP CODE Md. Washington Hagerstown 11 W.Baltimore St. YES X 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME LAST Tda Hartman M. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT APOPS Manse Rd. (YES, NO OR UNKNOWN) I HE YES GIVE WAR OR DATEST Hagerstown . Md. 214-09-7756 Mildred Eckard 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c). PART I. DEATH WAS CAUSED BY: Respiratory IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.10 Antonia columbia Cardia. Valcular Doseano % CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NON NO [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 220 I certify that (1) (this hospitaly alrended the deceased from saw the deceased alive on 19 Oct oby saw the deceased alive on 13 Feb. __, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) new the body after death. 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 14 Feh 8 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY Mercersburg Burial Fairview Cem. 24 FUNGERAL DIRECTOR DHMH - 16 60M 7/84 Mercersburg (VRA 15, 4)

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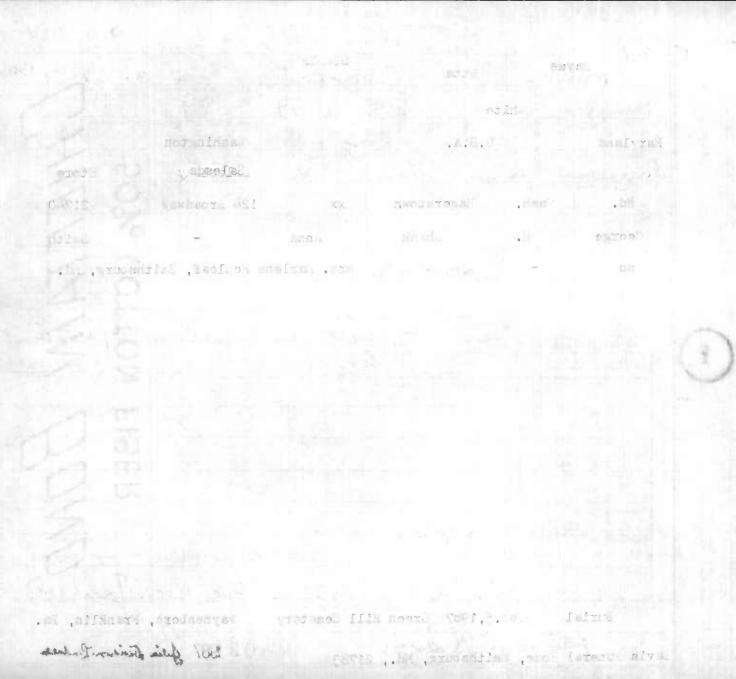
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE I STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH b HOUR (TYPE OR PRINT) CALEB OF ESTI-DEATH MATED UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS Sam 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS 3 SEX IF UNDER 24 HRS DATE PRONOUNCED Oct.28,1986 White Male DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OF COUNTY MARRIED NEVER MARRIED X Washington, D.C. USA WASHINGTON WIDOWED [DIVORCED ELED, ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Williamsport Springdell Road Box#245 none Washington YES NO X CITY OR TOWN Rt. 1 Box# 21795 Maryland Williamsport MD. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Marilyn Timothy Stewart Johnson Sam Ruth 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) Timothy E.Stewart (item 13 above) no no ne 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) AND MENTAL HYGIENE ATION, OR REMOVAL PART I DEATH WAS CAUSED BY Suddin DUE TO, OR AS A CONSEQUENCE O BURIAL - TRANSIT Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, 201 CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) E USED AS A E CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF-TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES X NO [210 EXTERNAL CAUSE WAS 71b TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING TCAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220 I certify that I toak charge of the remains described above, held an Autopsy and in my opinion death resulted from Undetermined manner ACTUAL DATE SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation Smithsburg Washington Maryland Feb. 16, 1987 Smithsburg Crematory 07/84 25M 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) Williamsport, MD 21795 Major M. Osborne



1			STATE OF MARYLAND		
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	Female	White	MONTH DAY YEAR		NONTHS BATS HOURS A
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EUI)	TARERSTOWN	AURION M	ANOR N.H	Saleslady	Store
3 4 13	UAL RESIDENCE (IF NURSING HOME STATE 13b. CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)	13. STREET ADDRESS / ZIP CODE 124 Broadway	21740
	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	71.
4	George	H. Shar	nk Anna	Middle	Smith
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
ped	(YES, NO ORUNKNOWN) (IF YES.	- 214-09	-058(e Mrs. Marle	ne McCleaf, Smiths	burg. Md.
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230	BURIAL, CREMATION, REMOV.		NAME OF CEMETERY OR CREMATORY	23 LOCATION	POUNTIAN POTA

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STATE OF MARYLAND

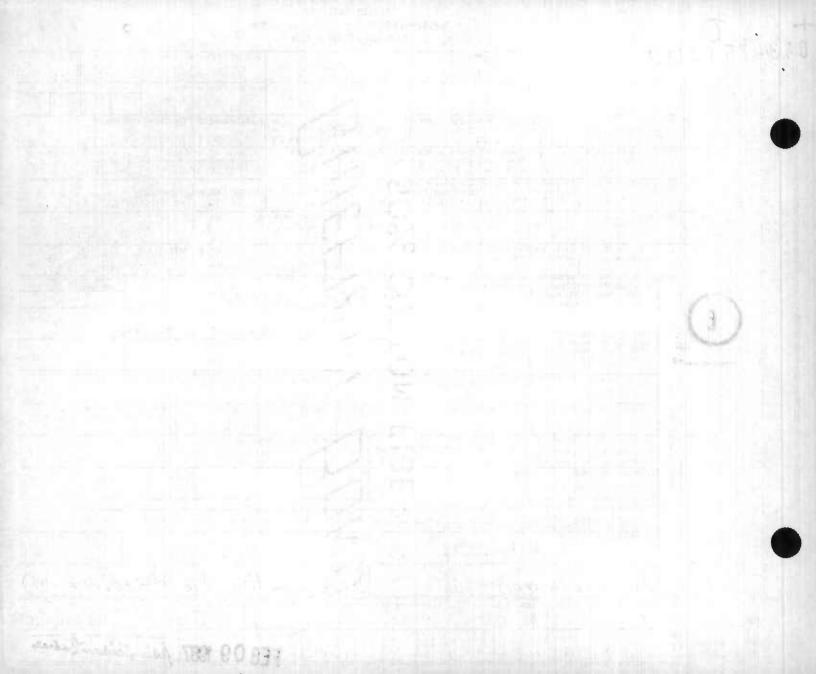
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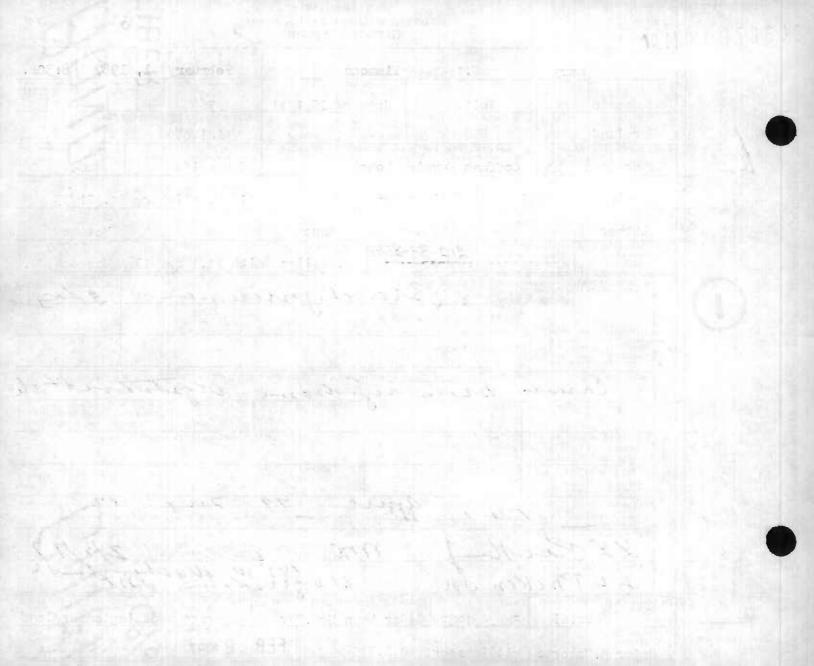
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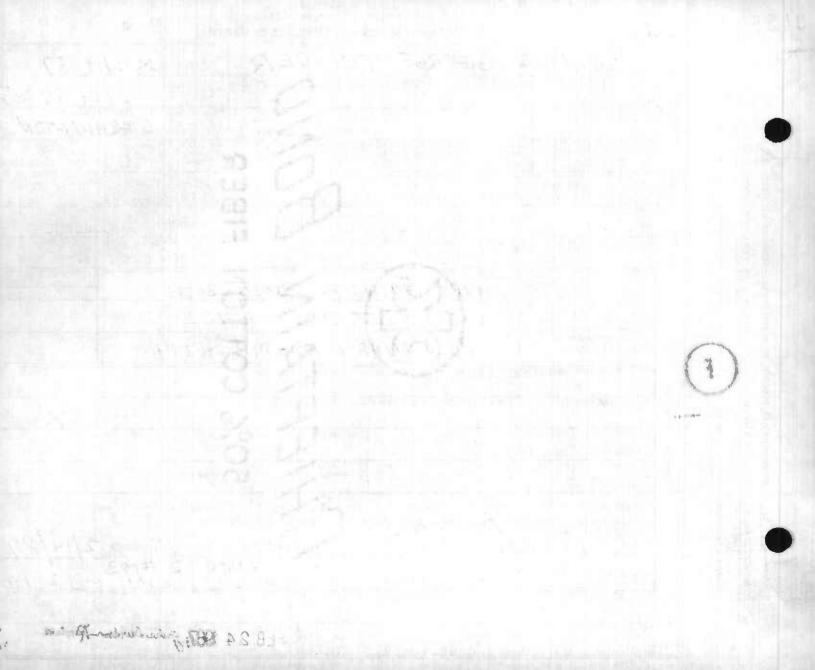
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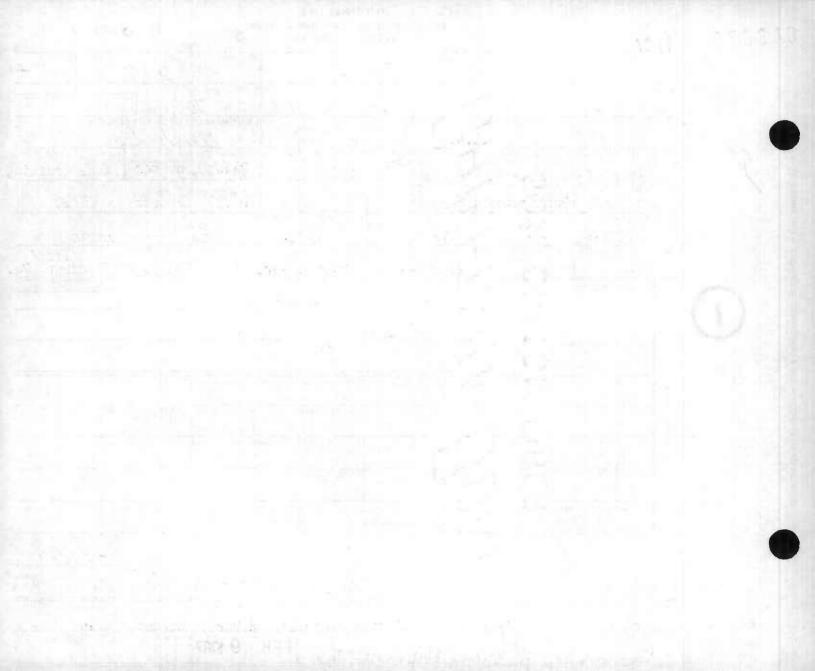
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MORE,		VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	217 16 2	509	E.Rosilee S	mith Rt.1 B:			1750 ock,MD.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., OF PHYSICIAN. The low requires that the deoth certificate has been signed by the stiff of the boundary physician. Then please remains the board has been signed by the stiff of the host hand the permit then please remains the board had mental Bygiene prior to buriol, ore stiff or the ord Mental Bystows only injury, or other moutable error are all	ATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION	(c)	rom	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONS	82	EN IN PART THE	or ne
VITAL REC	CERTIFICATION						YES NO	YE	YING CAUSES	OF DEATH?
ON OF VIT dring physical is certificat buriol-from Mentol Hys		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	DEATH HOUR A.	M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	ART 1 OR PART 2)	
IVISION UG PHYS offending ter this so the bud we houd we houd we	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	?11 LOCATION	CITY OR TOW	٧N	COUNTY	STATE
TENDI or TOR: A or Use of Heol		22a.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did)	on - 1-	1 19 8		nd that in (my) (and opinion)	deoth occurred on the do	te and hou		that (I) (we) lost couses stated
ITAL OR AT by the hosp by the hosp detoched if store Dept		226 SIGNATURE L 22d PHYSICIAN'S NAME ITY	est		Y	DEGREE ATTENDING PHYSICIAN [220 ADDRESS	MEDICAL STAF		2/2 2/2	SIGNED /
O HOSPITAL etoined by the Found be det with the Store		LLPA	eken.	In		Hogin	Sim WA	it.	ne	
	230.	BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	-111	COUNTY	STATE .
BP	24.5	Burial UNERAL DIRECTOR	Feb.5	1987 Ce	edar L	awn Mem.Park	Hagers tow			
DHMH - 16 50M 4/83	1000	NAME	1,,,,,,	ADDRESS	1D 01=	l cc		1 .	Teridon. 7	
(VRA 15, 4)	_	Major M. Osborr	ne Willia	amsport, M	10 21/	95	0 0 1907			(middless



STATE OF MARYLAND 0 4 5 5 7 6 FEB DEPARTMENT OF HEALTH AND MENTAL HYGIENE -STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF BEATH REG. NO DECEASED NAME DATE KNOWN 25 HOUR OF ESTI-4 RACE DATE ST BIRTHDAY PRONOUNCED BLACK MALE MAR. DEAD YRS Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYL USA VIRGINIA WIDOWED X DIVORCED IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION LITTE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! HAGERSTOWN HOSPITAL Foreman Construction HAGERSTOWN 13d INSIDE CITY LIMITS? 108 BETH WASHINGTON BETHEL YES [X GARDENS NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE PETER MARTHA OLIVER CUBBAGE 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS IYES NO ORTINKNOWN Edna Rhodes 0734 YES Harrisonburg, Va. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY PERTENSIVE ARTERIOSCLE BOTIC IMMEDIATE CAUSE (a Conditions, if ony, which gave rise to immediate cause (a) stating the under-EDEMA-#514 lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 710. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY LATHOME 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY Autopsy 22a. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my opinion death resulted from: Suicide Natural causes SIGNATURE XAMINER'S NAME TYPE OR PRINT 40 230 BURIAL, CREMATION, REMOVAL 236 DATE BURIAL EMETERY HARRISONBURG 07/84 25M 24 FUNERAL DIRECTOR DHMH 17 HAGERSTOWN, MARYLAND MINNICH (VR A15 ME (5))

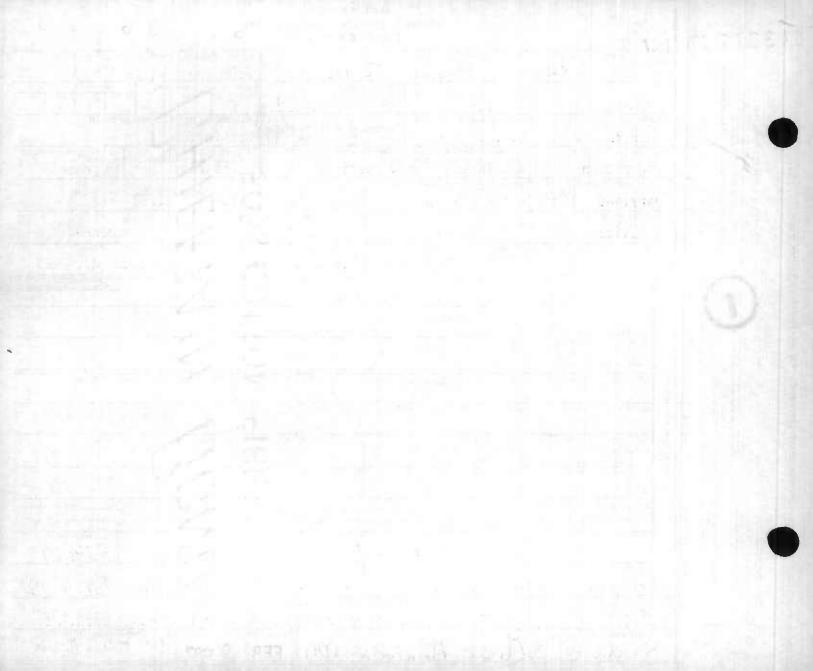


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m -c		CEASED NAME	PIRST	1	MIDDLE	7	A31	20 DATE OF DEATH	MONTH D	AY YEAR	1 7029 an
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mo be	3. SE	X /	4	RACE		5. DATE C		6. AGE IN YEARS LAST B	_	IF UNDER I YEAR	IF UNDER 24 HRS
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1 1 2		MI		U.	S.A.	WIDOWE	.	1/10	5/2. 6	0	MD.
Mr 8	0 C	TY OR TOWN OF DEA	ATH 1				OR OTHER INSTITUTION	120. USUAL OCCUPA	TION		F BUSINESS OR
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1 11 11	Cla.	AL RESIDENCE HE NURS	113h COUNT	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	113d. INSIDE CITY LIMITS?	13 STREET ADDRESS	/ 71P CODE		
意をすり		Maryland	Washi	ngton	Hancock		YES NO X	Rt. #1 H	ancock	21	750
11	M. F.	THER'S NAME					15 MOTHER'S MAIDEN N			-	
12 1/	V	William	MI	N.	Trail		Helen	Mae		Norri	C
10 1	160	VAS DECEASED EVER	INIIS ARM		16b SOCIAL SECU	RITY NO	17 INFORMANT	ADD	RESS	NOTTI	
75 1/		YES, NO OR UNKNOWN)		WAR OR DATES)						C	17267
14 1		No			218-03-	9624	Joan E. Wa	rd HCR 80 B	OX 59 W		
111		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only	one couse per	r line for (o), (b), one	dici.)	1			BETWEEN	IMATE INTERVAL ONSET AND DEATH
		PARTI. DEATH W	IMMEDIATE		Co	udi	ac Arro	1-			
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by the		underlying couse		1	R AS A CONSEQUE	NGE OF	0				
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prior prior	1 E	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
hos ne per me	Ĕ			1 200				YES T NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?
cote cote ronsit Hygie 18 sho	CERTIFICATION	21g. ACCIDENT WAS UNI	DERLYING	21b. TIME C	OF INJURY		21c. HOW INJURY OCCI	JRRED (ENTER NATURE OF IN			
E E E E - / .		OR CONTRIBUTING	Lund	HOUR A	M. MONTH DA	Y YEAR		TENTER MAIORE OF THE	,0,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	NI / ON / ANT E/	
certification of the second of	Š	I IF EITHER NOTIFY MEDI			.M.	19	AN LOCATION				
this of Monday	MEDICAL	21d INJURY OCCURI		(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR 1	NWO	COUNTY	STATE
After e os th olth or morke		AT WORK NOT WE	RK L			2150					
S. A.		22a L certify that (1)	(this hospito	l) ottended th	ne deceosed from_			, to	, 1	9	that (I) (we) lost
Porto for to of H		saw the decease above, (1) (we) (c	ed olive on_		19	. 01	nd that in (my) (our) opinio	n death occurred on the	dote and hour	ond from the	couses stated
hosp IREC hed the ept.		22b. SIGNATURE	ala) (ala not)	view the body	offer deoth.		DEGREE			22c DATE	SIGNED
= 000 =		100	()	106	0 - 1		ATTENDING	MEDICAL ST.	AFF _	2 /	5/00
RAIL NOT	1	THE DELVE ICLANCE NO.	,	0/19(1	ee	U	PHYSICIAN	DIRECTOR PHYS	ICIAN .	1-/	1/8)
FUNERAL Jid be den othe Store		22d PHYSICIAN'S NA	AAATE (TYPE OR P	PRINT)	2		22e ADDRESS	- Hill A1-	1/2-	1	110
etoined by to FUNERAL should be det with the Store		MOSDUL	NA	HERL) aus		1010-04	CHILIDAS	HARGE	KSION	NINI
ē ⊢ 2 3 ₹	23a	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATOR	23d. LOCATION			
BP		Burial	133 JE	2/9/1	987 Mt.	Oliv	et Presbyter	ian Rural	Hancock	Wash	. Md.
	24 F	JNERAL DIRECTOR		2	1116	VIIV	25a. D.	ATE REC'D BY REGISTRA			URB
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(VKA 13, 4)		min	1.0	T. VA	one loke	MOCK	(14)				

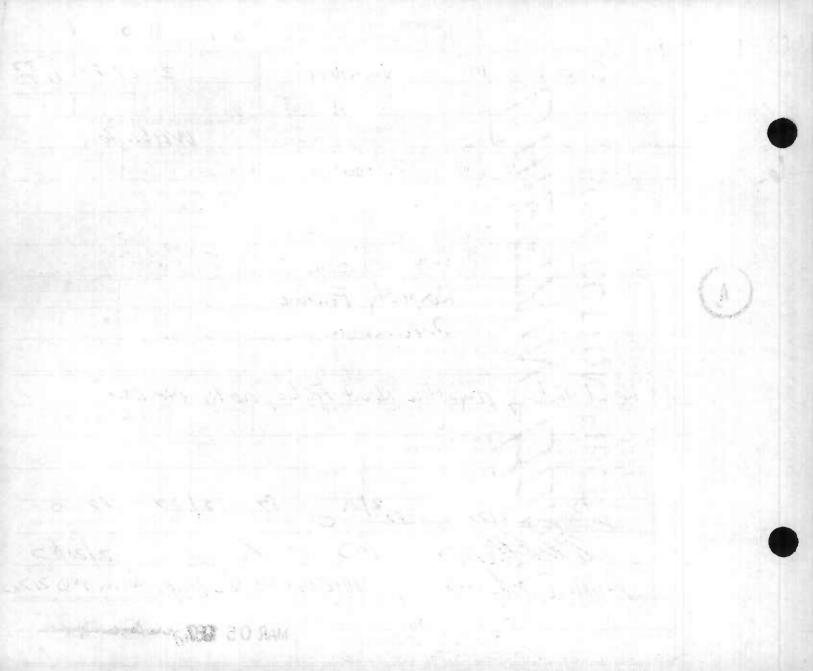


ANCOCK

(VRA 15, 4)



	-		STATE OF MARYLAND
		FOR 1 - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 0 6 0 / 7
6461 MRI	00	REGISTRAR	CERTIFICATE OF DEATH REG. NO.
		DECEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
noy be poge 3		Sara	h M. VanHorn 2 27 57 11 PM
	3	SEX	4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 74 HRS
ae 4		FEMALE	WHITE 5 21 1897 89 YRS.
Poor Poor	7	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? AMARRIED NEVER MARRIED 9 BALTIMORE CITY OF COUNTY OF DEATH
the second	5	MARYLAND	WIS A WIDOWED DIVORCED Washington MD.
e e d	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126, KIND OF BUSINESS OR
5 to 5	7	HAGERSTOWN	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WASHINGTON COUNTY HOSPITAL HOMAMAKER . HOME
be fibe	1	SUAL RESIDENCE (IF NURSING HOM	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
ND 24	4	MARYLAND 136 CC	OUNTY ASHINGTON HAGERSTOWN 138 INSIDE CITY LIMITS? 138 STREET ADDRESS / ZIP CODE 1041 VIEW STREET
YLA Thun thun thun	1 11	FATHER'S NAME	15. MOTHER'S MAIDEN NAME
MAR Sold Sold Sold Sold Sold Sold Sold Sold		JAMES	K. THOMPSON AMANDA BAER
RE, Co	11	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT CAMBRIDGE DREAD. 21613
OW S		TYPO OR UNKNOWN) (IF YES	214-09-0185 VERNON L. VAN HORN JR. 400 SHEPHERD AVE.
ALT		18 CAUSE OF DEATH (Ente	er only one couse per line for (a), (b), and (c))
		PART I. DEATH WAS CA	USED BY: DIATE CAUSE (0) Rapillar tacline
S S		1WWEL	TALL CAUCATION
ESTO deoth other tion,	-1	Conditions, if ony, which	DUE TO, OR AS A GOTSEQUENCE OF
PRES he de emov motio		gove rise to immediate couse (a), stating the	
W. hot t		underlying couse lost.	
gned n ple burrio		PARTO OTHER SIGNIFICAT	NT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO
RDS,		E Road for	the constrie Nort Faither age to Honosor
RECORDS. low requires to be a sign of the	A	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	106 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TALRI The locion. The hossist per grene shows	71		YES NO YES NO NO
ON OF VITAL R IYSICIAN: The la ding physicion. Is certificate hos buriol-tronsit pe Mental Hygiene Them 18 shows	7	210. ACCIDENT WAS UNDERLYING	The same and the same same same same same same same sam
SICIA ng ph certifi riol-tr	1	OR CONTRIBUTING CAUSE OF	· VERIL
NG PHYSICIAN: ottending physic ottending physics os the buriol-trom os the buriol-trom of the ond Mentol Hygical provided or then 18 s		(IF EITHER, NOTIFY MEDICAL EXAM	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) STREET CITY OR TOWN COUNTY STATE
IVISION OF THE		WHILE NOT WHILE AT WORK	TALLOWE STREET PACTORY OFFICE PARM CIT.)
		22a I certify the Moths he	ospital) attended the deceased from 2/15, 19 87, to 2-127, 19 82, that (we) lost
ATTEND Sspirol o SCTOR. A d for use		saw the decreased of your	19 67. and that in (m) (our) opinion death occurred on the date and hour and from the causes stated
8 t 8 5 6 5		226. SIGNATURE	DEGREE 221. DATE SIGNED
AL DI detocl		alle	MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2/28/5>
SPIT d by NER De o De o	7	22d. PHYSICIAN'S NAME IT	YEL MA PRINTED () 220 ADDRESS
TO HOSPITAL of retoined by the TO FUNERAL Eshould be detoined the Store Elements of the		14/1an/1	1. D-X MD. 16(00aktill the Huge 1stern MD 21XE
0 f of w W W	2	BURIAL, CREMATION, REMOV	VAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236. LOCATION
BP		BURIAL	3-3-87 ROSE HILL CEMETERY HAGEDSTOWN WASH MDD
DHMH - 16 60M 7/84		FUNERAL DIRECTOR	305 N. POTOMAC ST. 2MARROD MARCHAN STANDARD
(VRA 15, 4)		GERALD N. MINNI	



or other traumatic event, the ial, cremation, ar removal

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a rector, page 3 rurs after death

STATE OF MARYLAND

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b	FOR SIATE REGISTRAR			DEPART		EALTH AND MENTAL HY ICATE OF DEATH	0 /	G. NO.	160	8	J
	CEASED NAME	David	Ħ	ugene	1	ŽEAT.	20 DATE OF DEA		DAY YEAR	26 HOUR	R
(145)		David		E.		eal	Febru	ary 11,	1987	2:45	ам
3 SE			4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS L		IF UNDER 1 YEAR	IF UNDER ?	24 HRS
	Male		White		July		57	YRS		HOURS	MIN
	IRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	MARRIE	NEVER MARRIED	9 BALTIMORE CI				
	eorgia		U.S.F		WIDOWE			shingto	on	100	MD.
H	ity or town of t lagerstow	n	West	ern Mary	land C	enter institution	12a USUAL OCCU		126 KIND C INDUSTRY)F BUSINES	SSOR
	AL RESIDENCE (IF N STATE MD	136 COUN		13c CITY OR TOV	NN	13d INSIDE CITY LIMITS?	13e STREET ADDR 1500 Pa		DE	21740	
14 F	Henry		MIDDLE	LAST Vea.	1	15 MOTHER'S MAIDEN NA	AME MID	DLE	Johns		
	WAS DECEASED EV			16b SOCIAL SEC		17 INFORMANT	A	DDRESS	00.111	731	
(YES, NO OR UNKNOWN)	(IF YES, GIVI	E WAR OR DATES!	252-32-	7428	Mrs. Betty	G. Veal,	Finksbu	arg, Md.		
	18 CAUSE OF DE	ATH Enter on	ly one cause per	line far (a), (b), a	nd (c··				APPROX BETWEEN	ONSET AND D	VAI DEATH
	PART I. DEATH	I WAS CAUSEI	E CAUSE (o)	Resp	irator	y failure			3 da	ays	
	Conditions, if a gave rise to couse 101, ste underlying ca	immediate ating the use lost	(c)	r as a consequ	JENCE OF	ostructive pu				years	7-
Z	Schizopl				DEATH BOT	NOT KEEPIED TO THE TEX	MINAL DISEASE OR	CONDITION	SIVER IN LAKE II	0	
CERTIFICATION	19g. DATE OF OPE		- Charles		H OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CER	YES, WERE FINDI		H?
ERI	21a. ACCIDENT WAS	UNDERLYING T				21c. HOW INJURY OCCUI					
AL	OR CONTRIBUTING	_	3141	M. MONTH D							
MEDICAL	21d INJURY OCC		21e. PLACE		FARM ETC)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	51	TATE
	22a. I certify that	(X (this hospit	tal) ottended th 2-11- View the bady	e deceased fram.		sid that in (my) (如文 apiniar	to 2-	11-87 the date and he		that M (w	
	226. SIGNATURE	Pici	Ma		m.	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL DIRECTOR PH	STAFF HYSICIAN 🔼	22c. DATE 2/1	SIGNED	
	Fe U. P	orciuno	ula,M.D			1500 pennsy	lvania Av	e.,Hage	erstown,	MD 21	740
23a	BURIAL, CREMATIO	N, REMOVAL	Feb.1	4,1987 C	Dougla ity Ca	EMETERY OR CREMATORY IS Metery	23d LOCATION		Coffee	Ğ	a.
24_F	uneral directo Davis Fun	Hen	me, Smi	De	Nd.	21783 PA	TE REC'D. BY REGIS	7 1:	ISTRAR'S SIGNAT	URE	R

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

1900 ER, NVC. повилоц Veol Lalu 252-32-3421 Let, otto . tell, linksburg, lil. united constant party location mortos materios ESSER, the production, and forent siy L

	FOR	
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	REGISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-					
	PEG NO				

	REGISTRAR						K	EG. NO.		
O	(TYPE OR PRINT)	Loren		F.	WARRE	ENFELT Z	Febru	ary 28,	1987	9:00 A
	Female		4 RACE White		S. DATE O	of Birth	6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAY	
	Mayview,	mı.	U.S.		MARRIE		9 BALTIMORE O			٨
	Boonsbor	0	601 N	. Main	St.	OR OTHER INSTITUTION	120 USUAL OCC (TYPE OF WORK FOR Hous	UPATION MOST OF WORKING CEWLIE	LIFE) 126 KIND	of Business o
_	USUAL RESIDENCE 13a STATE Maryland	Wash		Boons	NWC	13d INSIDE CITY LIMITS?	13e STREET ADD	RESS / ZIP CO N. Main	DE St.	21713
1	14 FATHER'S NAME FIRST ISS	ac H	MIDDLE Ienneber		Gordon	IS MOTHER'S MAIDEN NA	N	oria		ount
1	No NO OR UNKNO	DEVER IN U.S. AR	MED FORCES? /E WAR OR DATES)	332-07		Mrs. Karen I	. Heath,	AD1285 A Reston	uburn (rove La 22094
	Conditions, gove rise cause (a), underlying	if ony, which to immediate stating the couse last.	DUE TO, O DUE TO, O DUE TO, O (c)	R AS A CONSEC COVEY R AS A CONSEC	DUENCE OF	Arlan D.	Grase			
2	Conditions, gove rise cause (a), underlying PART 2 OTH	if ony, which to immediate stating the couse last.	DUE TO, O DUE TO, O DUE TO, O CONDITIONS CO	R AS A CONSEC R AS A CONSEC R AS A CONSEC CONTRIBUTING TO	DUENCE OF	4	'Lease	2 20b. IF Y		INGS USED
2	Conditions, gove rise couse (o), underlying PART 2 OTH 19a DATE OF 1 21a ACCIDENT	if ony, which to immediate stating the couse last.	DUE TO, O (b) DUE TO, O (c) 19b. COND 119b. COND 119b. TIME O HOUR A.	R AS A CONSECUTION FOR WHICH	DUENCE OF O DEATH BUT CH OPERATIO	Artem D.	AINAL DISEASE OR	20b. IF Y	GIVEN IN PART (ES, WERE FINIT (FFYING CAUS)	DINGS USED
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2	Conditions, gove rise cause (a), underlying PART 2 OTH PART 2 OTH 19a DATE OF 1 21a ACCIDENT OR CONTRIBUTING (IF EITHER NOT) 21d INJURY C WHILE AT WORK 22a I certify sow the	if ony, which to immediate stating the cause last. R SIGNIFIC ANT C P A C C C C C C C C C C C C C C C C C C	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO ATH HOUR A. 21e PLACE (ATHOME STE tol) ottended th	R AS A CONSECTION FOR WHICE OF INJURY M. MONTH M. OF INJURY REEL, FACTORY, OFFICE de deceosed from	DUENCE OF DUENCE OF DEATH BUT CH OPERATIO DAY YEAR 19 E FARM.ETC)	NOT RELATED TO THE TERM ON WAS PERFORMED 211. HOW INJURY OCCUR	AINAL DISEASE OR 200 AUTOPSY YES NO RED (ENTER NATURE)	20b. IF Y IN CER 200 INJURY IN 11EM II	ES, WERE FINITIFYING CAUS YES B PART I OR PART 2 COUNTY 19	DINGS USED ES OF DEATH? NO STATE
2	Conditions, gove rise couse (o), underlying PART 2 OTHI PART 2 OTHI 19a DATE OF 1 21a ACCIDENT: OR CONTRIBUTING (IF EITHER NOT) 21d INJURY C WHILE AT WORK 22a L certify sow the obove, (1) 22b. SIGNATU	if ony, which to immediate stating the cause last. R SIGNIFIC ANT (PARAMETER AND COMMENT OF THE AND COMME	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 21b. TIME O HOUR A. 21e. PLACE (AT HOME STE tot) ottended th	R AS A CONSECTION FOR WHICE OF INJURY M. MONTH M. OF INJURY REEL, FACTORY, OFFICE de deceosed from	DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 E FARM, ETC.)	AYTOM DINOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET . 19	AINAL DISEASE OR 200 AUTOPSY YES NO RED (ENTER NATURE)	20b. IF Y IN CER Y OR TOWN the date and h	ES, WERE FINI TEYING CAUS YES COUNTY 19 270 DA	DINGS USED ES OF DEATH? NO STATE
7	Conditions, gove rise couse (o), underlying PART 2 OTHI 19a DATE OF I 21a ACCIDENT OR CONTRIBUTING (IF EITHER NO) 21d INJURY C WHILE AT WORK 22a I certify sow the obove, (I) 22b SIGNATU	IMMEDIAL if ony, which to immediate stating the cause last. RESIGNIFICANT (PARTITION WAS UNDERLYING CAUSE OF DEA IFFY MEDICAL EXAMINER OCCURRED NOT WHILE CAUSE ALL WORK NOT	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 19b. COND 21b. TIME O HOUR A. 21c. PLACE (AT HOME STE tol) ottended the vi view the body M. D.	R AS A CONSECTION FOR WHICE THOM FOR WHICE OF INJURY M. MONTH M. OF INJURY REEL FACTORY, OFFICE de deceosed from 19 ofter death.	DUENCE OF DUENCE OF DEATH BUT CH OPERATIO DAY YEAR 19 E FARM. ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR 211 LOCATION STREET , 19 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	AINAL DISEASE OR 200 AUTOPSY YES NO RED (ENTER NATURE I	2 20b. IF Y IN CER Y OR TOWN The date and h STAFF HYSICIAN	ES, WERE FINITIFYING CAUS YES COUNTY 19 210 220 2-	DINGS USED ES OF DEATH? NO STATE that (I) (we) Ic the causes stated IE SIGNED

DHMH - 16 60M 7 (VRA 15, 4)

BP.

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DHMH - 16 60M 7/84

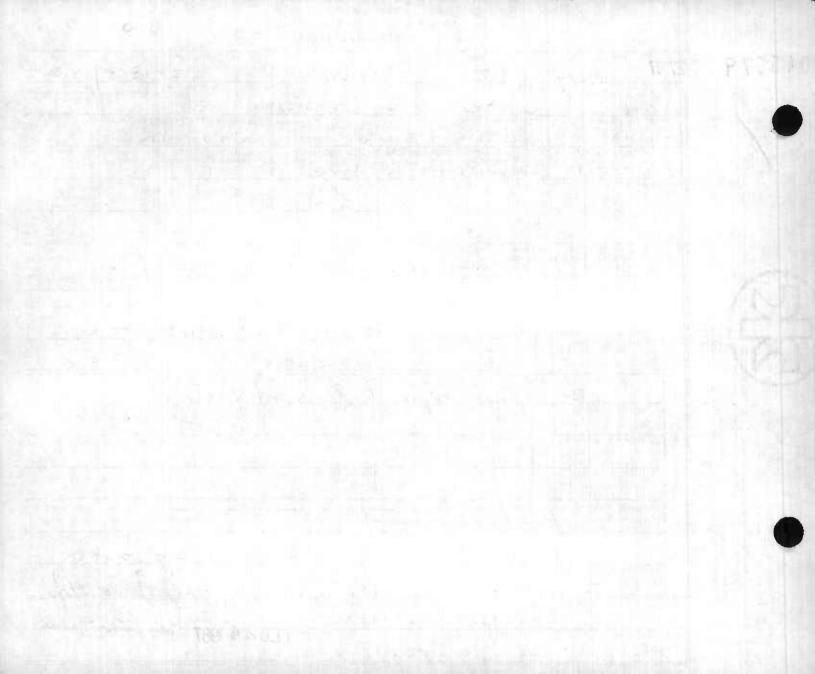
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STATI	OF MA	RYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	3	0	6	U	d
,	DEC NO	-			

	1-	FOR STATE REGISTRAR			DEP		EALTH AND MENTAL HYO	8 /	6 0	0 4
ė1	LDEC	EASED NAME	FIRST		MIDDLE		AST	REG. NO.	AY YEAR	26 HOUR
B		(PRINT)	111127	Be	TILE	,	1		000	
	3 SEX	19	224	4 RACE	15	5. DATE C	<u>U 26 Jer</u>		8-87	8.56 M
	3 357		/	4 RACE		MONTH	DAY YEAR	AGE [IN TEAMS EAST BIRTODAT]	ONTHS DATS	HOURS MIN.
	1	-cmale		whit	re	8	27 1906	80 YRS		
		RTHPLACE ISTATE OR F	OREIGN	16 CITIZEN OF	WHAT COUN	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
		WD.		U.	. C	WIDOWE	7	WASHINGTON		MD.
X	10 CI	TY OR TOWN OF DEA	TH			URSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
	H	perota	9	Avalon	mon	or Noa	. Home	housewife	IIVOOSIKI	
Cir	13a S	AL RESIDENCE (IF NURS	136 COUN	ITY	130 CITY OR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE		
2	Ma	ryland	Wash	ington	Hage	rstown	YES X NO	43 E. Washington	a St.	21740
7	14 FA	THER'S NAME		MIDDLE	LAS		15 MOTHER'S MAIDEN NA	WE	LAS	
		William		MIDDLE	Brin		Katie	WIDDLE	Rudy	31
		AS DECEASED EVER			166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS		
		res, no or unknown) no	(IF YES, GIV	E WAR OR DATES)	919-14	عارض- ا	Gladys Keill	noltz, Frederick,	Md.	
1		18 CAUSE OF DEATH	H (Enter on	ly one cause per	line for (a), (by and col	Wildliam Mile		BETWEEN	MATE INTERVAL ONSET AND DEATH
		TAKIT DEATH W		E CAUSE (o)						
3	100			DUE TO, O	R AS A CONS	SEQUENCE OF .		- 7		
J.		Conditions, if any,		(b)		u	Ringer 1	raid infection	LZ C	ULC
7		gove rise to imm cause (a), statin	g the	DUE TO, O	R AS A CONS	SEQUENCE OF				
		underlying cause	last	(13 Machi To	1	-5 ch	0
	z	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	AINALDISEASE OR CONDITION GIVE	N IN PART 1	0
	CERTIFICATION	0	135	A-586	PIC	dod,	RedO-Vaci	(d +75/4/6		
7	ICA	190 DATE OF OPERAT	ION.	196 COND	ITION FOR W	HIGH OPERATIO	WAS PERFORMED	200 AUTOPSY? 206 IF YES,	WERE FINDING CAUSES	NGS USED S OF DEATH?
	RTIF						&	YES NO YES		NO 🗌
ì		OR CONTRIBUTING C		HOUR A.	F INJURY M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT OR PART 2}	
	CAL	(IF EITHER NOTIFY MEDIC		TEL CONTRACTOR		19				
	MEDICAL	21d INJURY OCCURE		21e PLACE		FFICE, FARM, ETC.)	211 LOCATION	CITY OR TOWN	COUNTY	STATE
	2	WHILE NOT WH	RE .				100 - Date (100)			
	11.70	220.1 certify that (1)	(this hosp)	tal) attended th	e deceased f	rom	. 19	, to, 1	9	that (I) (we) last
H	153	saw the decease above, (1) (we) (c	d alive on	t view the body	after death.	. 19, or	nd that in (my) (our) opinion	death accurred on the date and hour	and Iram the	causes stated
1		226. SIGNATURE	1,				DEGREE		22c. DATE	SIGNED
			- 11	11.1	11/3		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12-18	00
7		228 PHYSICIAN'S NA	ME INPO	R'PRINT	IV		220 ADDRESS		~	71
		171, 73	- 1	SONG	1. 14	A.	1933 Va.	Ave Habous	own?	Md
	230 B	URIAL, CREMATION,	REMOVA	236 DATE	1	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION U		17
	bu	ria1		Feb.20	,1987	Mt. Vie	ew Cemetery	Sharpsburg, Was	sh. M	aryland
Ш	24 FU	INERAL DIRECTOR M	INNIC	H FUNER	AL HOM	E	25a. 🗝	E GO ARECHAR 25 REGISTA	AR'S SIGNAT	TURE
	41	5 E. Wilso	n Blv	d., Hag	erstow	m, Md. 2	21740			



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIFI	CATE OF	DEATH	REG.	NO.				
DECEASED NAME	FIRST	A	AIOOLE	17	IST.		20. DATE OF DEATH	MONTH	DAY	YEAR	2b HO	UR
TYPE OR PRINT)	umes	-	W	W.	hite			2.	22	87	8:	10P
SEX	4.	RACE		5. DATE O	F BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDE		IF UNDE	R 24 HRS
Male		White		Dec		1913	73	YRS	MONTHS	DAYS	HOURS	MIN.
BIRTHPLACE (STATE ORF	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	□ NEVE	R MARRIED X	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		
Unknown		USA		WIDOWE		DIVORCED [Washing	ton Co	unty			M
Hagerstown	TH 11	(IF NOT IN SUCI	HOSPITAL, NURSING H FACILITY, GIVE STREET A gton Cour	ODRESS)			120 USUAL OCCUPA (TYPE OF WORK FOR MOS Retired			KIND OI USTRY	FBUSIN	ESS OF
	13b COUNTY	1	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Hagers to	V		CITY LIMITS?	130 STREET ADDRESS			C.	217	40
Maryland	masili	ingcon	nagerst	7 W 11	YES X	NO 🗌		asning	COII	St.	41/	40

14 FATHER'S NAME MOTHER'S MAIDEN NAME MIDOLE LAST MIDOLE LAST ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17. INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 538-20-6042 Unkn. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (cu)

PART I. DEATH W	AS CAUSED BY.	, 1111	1 1 -1		JA TWICK OFFICE AND C
BOWN WOOD	IMMEDIATE CAUSE (0)_	(ere hat Vareale	in accident	heart by	2/1/5/
Conditions, if ony	, which ((b)_	OR AS A CONSEQUENCE OF Atrice	end Vention	len tadyeadis	2/1/87
gove rise to improve (o), stating underlying cause	ig the DUETO.	OR AS A CONSEQUENCE OF action for the parties of th	East Vises	e	ylon
PART 2 OTHER SIGN	VIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELA		EASE OR CONDITION GIVEN	IN PART 110

200 AUVOPS

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM

210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21e PLACE OF INJURY III. LOCATION 21d INJURY OCCURRED CITY OR TOWN AT HOME STREET, FACTORY OFFICE, FARM ETC) NOT WHILE

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on 2/2/0/ above, (1) (west did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

226 SIGNATURE DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

230. BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY (SPECIFY) 2-26-87 Removal

23d LOCATION CITY OR TOWN

STATE

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

CERTIFICATION

MEDICAL

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MPORTANT

FUNERAL DIREC

(VRA 15, 4)

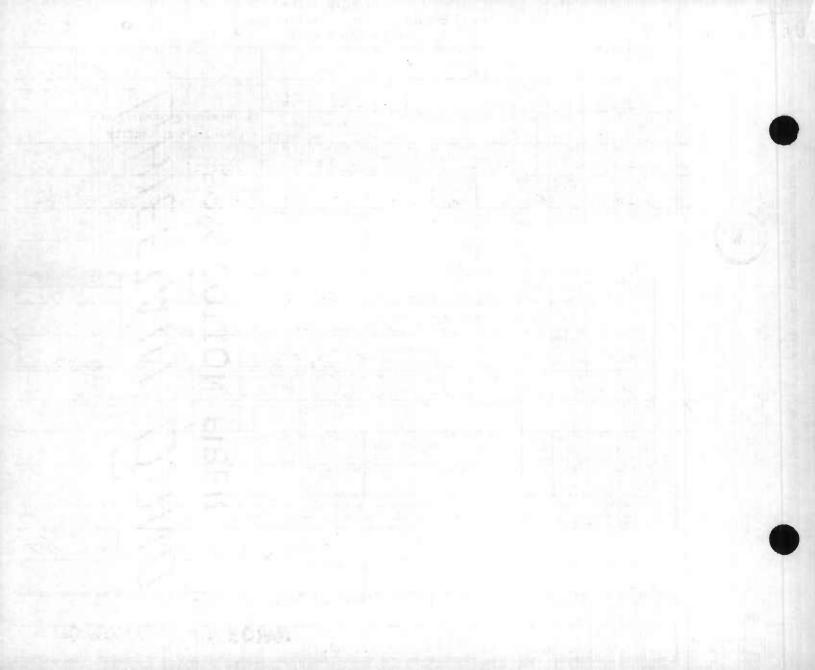
Anatomy Board

Balto., Md.

COUNTY

COUNTY

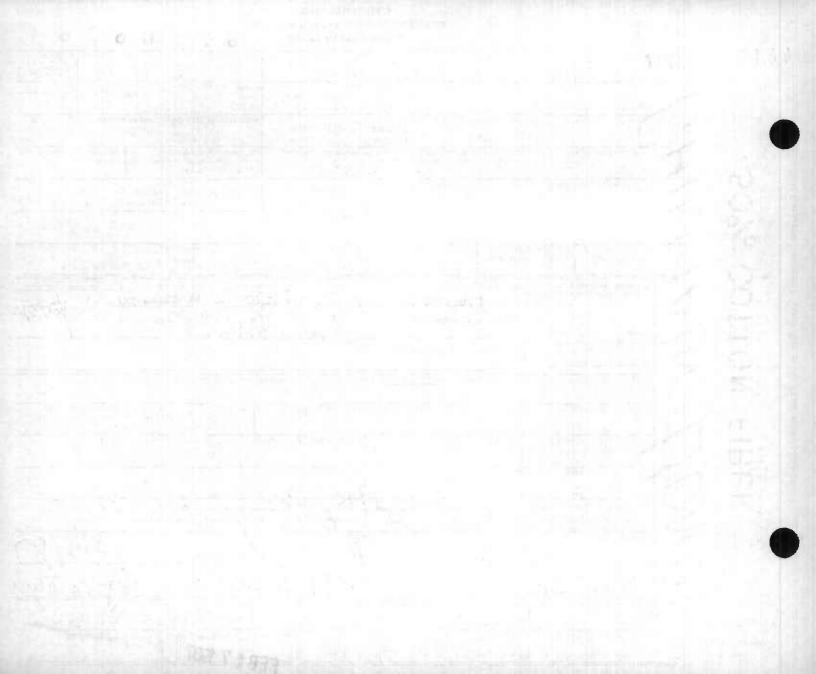
STATE



			FOR STATE REGISTRAR			DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENT FICATE OF DEAT	TH	8	REG. NO.	0	6 U	8 4
1 4	4 Ong FEB	TYPE	GR PRINT	Ma	Lee	L.	Wil	liams		20. DATE O	DEATH M	ONTH -	1-87	26 HOUR 930 M
	ctor. po	3. SE	emale	4	RACE whit	:e	MON	of Birth il 6, 1917	YEAR 7	AGE (IN)	EARS LAST BIRTHI		MONTHS DAYS	
	ann Pog	N	RTHPLACE (STATE OR FO		CITIZEN OF	WHAT COUN	MARRII WIDOW	ED NEVER MARRI	NED D	BALTIMO	RECITY OR shingto	on		MD.
201	81179	ŀ	ity or town of deat lagerstown		Washin	gton C	STREET ADDRESS)		ION		OCCUPATION K FOR MOST OF V EWIFE			OF BUSINESS OR Y
AND 21	1 15	13a S	AL RESIDENCE (IF NURSING TATE TO A LITTLE	3b COUNT	rher institution Y Lngton	13c. CITY OR		1 13d INSIDE CITY LI	IMITS?	13e.STREET	ADDRESS / 1	ZIP COD Arti:	e zan St	. 21795
MARYL	210	14. F/	David	W.	DDLE	Youn		15. MOTHER'S MAI	IDEN NAM		MIDDLE	Te	Lit	fle
IMORE,	I de la constante de la consta		VAS DECEASED EVER IN YES, NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)	166. SOCIAL 220 09	SECURITY NO.	V. Haro	ld Wi	lliams	ADDRES		sport,	Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	quires that the death certification by the attending per please remove corbination, or remainly, or other troumatic ever	N	Conditions, if ony, gave rise to imme cause (o), stating underlying cause PART 2 OTHER SIGNI	the last.	DUE TO, O (b) DUE TO, O (c)	R AS A CONS	SEQUENCE OF	of the lun Bone	9 wit	h w	des pro	d	0	Yeary
VITAL RECOR	AN: The low rec hysicion. icole hos been must general the	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDE	RLYING	21b. TIME C	OF INJURY	HICH OPERATION	21c. HOW INJURY		YES D (ENTER NA	NO	IN CERTI	ES 🗌	ES OF DEATH?
DIVISION OF	O HOSPITAL OR ATTENDING PHYSICIA beformed by the hospital or ortending plant. TO FUNERAL DIRECTOR. After this certification to be detoched for uses the funding with the Stote Dept of High man for the MADRIANT: If term is manifed as manifed as the	MEDICAL	OR CONTRIBUTING CA (IF EITHER NOTHY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILE AT WORK 220.1 certify that (11) (11 saw the Obceased abave (1) (we) (did 22b. SIGNATURE) 22d. PHYSICIAN'S NAM	E his haspita	P. 21e. PLACE (AT HOME, STI	M. OF INJURY REET, FACTORY, OF	FFICE, FARM, ETC.)	211. LOCATION STREET 19 10 that in (my) (aur) DECAEE ATTEN	DING .	MEDICAL	city or towi	e ond hau		thor (I) (we) lost ne couses stated
	To House	23o. I	BURIAL, CREMATION, R	EMOVAL	23b. DATE			CEMETERY OR CREM		23d LOCA	OPTOWN	1	Magev	~5/0W/
	BP		burial UNERAL DIRECTOR M	TNNTCI	Feb. 14			ill Cemete		Hage	erstown		ash., N	Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4) 415 E. Wilson Blvd., Hagerstown, Md. 21740

17 4087 Aba War



			STATE OF MARYLAND		
	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	13 1	06085
1. 2720 000	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	ONTH DAY YEAR 26 HOUR
43/3 FEB	Laura	Helena	Wolfe		2 3 87 9 AM
mo)	3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEA	6 AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER LYEAR IF UNDER 24 HRS
ge 4	Female	White	5 10 18		YRS
Poor Poor	76 BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OF	COUNTY OF DEATH
record the control of	Maryland	USA	WIDOWED DIVORCE		shire for MO
Softer de with	Williamsport	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACRITY, GIVE STRI HOMEWOOD Retin	ING HOME OR OTHER INSTITUTION ET ADDRESS) Tement Center	IZO USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V housewife	WORKING LIFE) INDUSTRY
ours ours be fill	USUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	In concest toopsess to	ZUR CODE 21795
ND 24 h		NTY I3c. CITY OR TO Willian		0750 177	nia Ave.
thin thin thin	14 FATHER'S NAME		15. MOTHER'S MAID	ENNAME	
A STATE OF O	William I	Henry Baten	nan Eliza	heth	Stein
8 8	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE		ADDRESS	
be exe	(YES, NO OR UNKNOWN) (IF YES, G	ve war or dates) 215 48	2081 Mildred	W. Funk, Mechan	· · · · · · · · · · · · · · · · · · ·
BAL sofe, soperivol.	18 CAUSE OF DEATH (Enter of	nly ane cause per line for 191, (b),	and icis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., grph on p		TE CAUSE (a)	1/2/03 Tailu	re .	
on the conding conding on the conding conding to the conding to th	EL SUPERIOR DE	DUE TO, OR AS A CONSEC	UENCE OF		
deo deo otte otter rour	Canditions, if any, which gave rise to immediate	((b)	remonic		
by the ose rem	cause (0), stafing the underlying cause last	DUE TO, OR AS A CONSEC	UENCE OF		
res t gned n ple burio		CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDI	TION GIVEN IN PART Tra
RDS equi	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	Case Sundie	ne Hupe	atention	
ow ony	3 190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TALR I The I cition. The I cition. The I cition. The I cition. The I cition is shown as shown as the cition is the cition in the I cition in t	FILE			YES NO	YES NO
SICIAN: T ng physici certificate mol-transi ental Hyg		216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW INJURY C	OCCURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
SICIA Gertif Gertif entol:	(IF EITHER NOTIFY MEDICAL EXAMINE	em.	19		
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physician. Ifter this certificate has been signed by the attending physician ordications from the please remove carbon papers. Pages and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. This and Mental Hygiene prior to burial, cremation, or removal. This are also shows any injury, or other traumatic event, the medical examiner must be in a contract the medical examiner must be in the contract to the contract to the contract to the contract that the medical examiner must be in the contract to the contrac	OR CONTRIBUTING LAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE ALWORK	210 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	E FARM ETC) 211 LOCATION STREET	CITY OR TOWN	N COUNTY STATE
Africa Af	220.1 certify that (I) (this hasp	ital) attended the deceased from	Arg. 17 (19_	87 10 PP 3	19that (D (we) lost
TTEN Pitol TOR for u	sow the deceased give of	at) view the bady after death	and that in (my) (our) o	pinion death accurred an the date	e and haur and from the causes stated
R A hoss	77h SIGNATURE	A A	DEGREE		224. DATE SIGNED
TAL O TAL O Wy the RAL D detoc hote D TAL O	allen	HIM)		DING MEDICAL STAFF	IN 2/3/87
TO HOSPITAL retained by 1/1 TO FUNERAL should be det MAPORTANT:	22d. PHYSICIAN'S NAME (TYPE	Diff m.D.	1610 Och	K HII Are Hay	profour mo
75 F 12 2 3	230 BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMA		COUNTY STATE
BP	burial		Reformed Cemetery		n, Fred., Maryland
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR MINN	ICH FUNERAL HOMI		0 1007	REGISTRAR'S SIGNATURE
(VRA 15, 4)	415 E. Wilson B	lvd., Hagerstown	n, Md. 21740	FEB 9 1987 8	

2 1/3/2 Alle a Dai as The Cot All a Happy for a co 100 to 817

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) COUNTY and that in (my) (aur) apinian death occurred an the date and have and from the causes stated 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (DIPE OF PRINT) 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23h DATE 23d LOCATION (SPECIFY) CITY OR TOWN burial Feb.19,1987 Beautiful View Cem. State Line, Franklin, Pa. 24. FUNERAL DIRECTOMINNICH FUNERAL HOME 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Wilson Blvd., Hagerstown, Md. 21740

STATE OF MARYLAND

2h HOUR

12b. KIND OF BUSINESS OR

21740

APPROXIMATE INTERVAL

aircraft

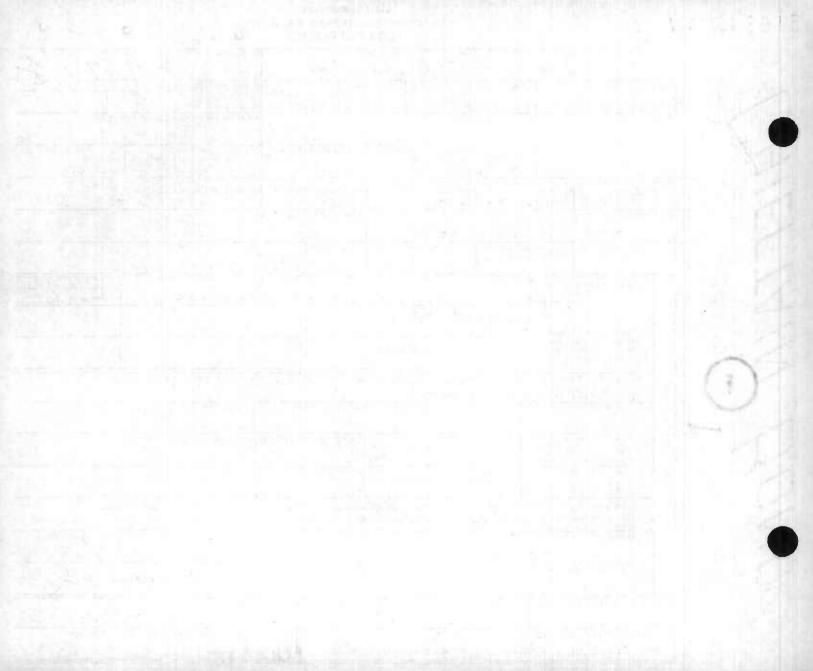
IF UNDER LYFAR

INDUSTRY

Witt

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORT



DHMH - 16 60M 7/84 (VRA 15, 4)

NAME

